MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

13132

Page 4	irectar,	ad with		
TO HOSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2; Its after death. Page 4	may be revained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar,	shauld be file	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	N
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ite be exec	cian and co	carban pa	hin 72 hou	
ath certifica	iding physic	dse remave	ny event, wil	11
hat the dec	by the atter	. Then ple	l, and in or	
requires t	ian. en signed k	nsit permit	or remova	
N: The law	ding physic ate has bee	e burial-tra	crematian,	0
PHYSICIA	this certific	r use as th	r ta burial,	
TTENDING	y the haspi	detached fo	Health pria	
OR A	AL DIREC	shauld be	Board af	1
TO HOSE	TO FUNER	page 3	the State	100
VR 15	A15 M 9/5	(4)		1

P. MACK OF DETAILS   C. CONNY WICOMICO   MARYLAND   D. STATE MAR	13158 CERTIFICAT	IE OF DEATH
Salisbury  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR NISTIUNDE OF GEN HOSPITAL  3. NAME OF GEN HOSPITAL  4. DATE SEATH NOVEMBER 294 HIS More HOSPITAL  5. SEX B. G. COLOR OR RACE 17. MARRIED NOVEMBER DOCKED OCT. 23, 1902  5. SEX White Wildle and Hospital  6. SEX White Wildle and Hospital  6. SEX WAS COLOR OR RACE 17. MARRIED NOVEMBER 19. AGE (In news) (If KINDER 19 THAR IF UNDER 24 HIS More Hospital  7. MARIED NOVEMBER 294 HIS More Hospital  8. DATE OF BIRTH OCT. 23, 1902  9. AGE (In news) (If KINDER 19 THAR IF UNDER 24 HIS More Hospital  9. AGE (In news) (If KINDER 19 THAR IF UNDER 24 HIS More Hospital  10. USALAL OCCUPATION (Give kind of work done) (In No. KIND OF BUSINESS OR INDUSTRY 11). BIRTHFUACE (Stale or foreign country)  10. SALIS BURY, Maryland  10. SALIS BURY, Maryland  11. SATHER NAME  George Irving Adkins  George Irving Adkins  12. CITIZEN OF WHAT COUNTRY  SALISBURY, Maryland  13. WAS DECEASED FVER NU. S. AAMED FORCES? (In. SOCIAL SECURITY NO. 17 INFORMANT AND MARY AND PLANE	11 1 - 21 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	
3. NAME OF DETAIL  3. NAME OF DECEASED  (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED OF DIVOKED  Male  WIDOWED  DIVOKED  SALISBURY, MARYLAND  TISTUMA MARYLA	b. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town) Salisbury	
3. NAME OF DECEASED PROVIDED BY A DAKINS ADKINS ADKINS OF SATE NOVEMBER 29th 1960 Provided (Type or print) Provided Prov	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital	D TO # 1.
Male White widowed   Divorce   Oct. 23, 1902   Org. Cont.   Doys   Hours   Min.	3. NAME OF First Middle DECEASED FIT TO M. C. A.	00
Carpenter - House   Construction   Salisbury, Maryland   U.S. A	Male White widowed Divorced	Oct.23,1902 lost behdoy) Months Doys Hours Min.
George Irving Adkins    S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17 INFORMANT   17 INFORMANT   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   16. SOCIAL SECURITY NO.   17 INFORMANT   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   16. SOCIAL SECURITY NO.   17 INFORMANT   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   16. SOCIAL SECURITY NO.   17 INFORMANT   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared of service)   18. CAUSE OF IRAL (Fig. Pr., e) are under or deared or dear	during most of working life, even if retired)  Carpenter - House Construction	Salisbury, Maryland USA
15. WAS DECEASED EVER IN U. S. ARNED FORCES?   16. SOCIAL SECURITY NO.   17 INFORMANT   17 INFORMANT   18. CAUSE OF DEATH   Enter only one couse per line for [o], [o]), and (c).		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)    Conditions, if any, which gove rise to immediate   Couse (o), lathing the under   Upun to	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown)   (If yes, give wor or dates of service)	rs. Margie Adkins(Wife)H.D.# 4
20c. TIME OF INJURY Manth, Day, Year Hour o. m., N/A 19 While at wark	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	negreorditis the internal human trids
20c. TIME OF INJURY Manth, Day, Year Hour o. m., N/A 19 While at wark	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?, YES \( \text{NO} \)
21. I certify that (I) (this hospital) attended the deceased fram		. (Enter nature of injury in Part I or Fort II of Hem 16.)
saw the deceased alive on	20c. TIME OF INJURY Manth, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour o. m.   N/A   19   While at wark   at wark	CE OF INJURY (Home, form, 20f. (City or town) (County) (State N/A)
ATTENDING K MED. STAFF PHYS. Nov. 29/1960  22c. PHYSICIAN'S NAME (Type)  Dr. Phiqip A. Insley  22d. Address  Main St. Salisbury, Maryland  23d. BURIAL, CREMATION, 23b. DATE THEREOF PRYSONS Cemetery  REMOVAL (Specify)  Parsons Cemetery  23d. LOCATION (City, town, or county)  Salisbury, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	saw the deceased alive on 11-28 1960, and that de	eath accurred atM, fram the causes and on the date stated above
NAME (Type) Phiqip A.Insley Main St. Salisbury, Maryland  23a. BURIAL, CREMATION. 23b. DATE THEREOF Parsons Cemetery 23c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery Salisbury, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Heelen a Justen / N	M.D. ATTENDING X MED. STAFF PHYS. Nov. 29/1968
REMBUTIAL Dec. 2,1960 Parsons Cemetery Salisbury, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type)	
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HOLLOWAY & COMPANY SALISBURY MARYLAND DATE 1 '60 Continue & Known		

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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13133

Ti	PLACE OF DEATH a. COUNTY/		2. USUAL RESIDENCE (Where deceased lived. If institution, STATE	
L	WILDINICO	MARYLAND	MARYIAND	MARCESTER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	SALISBURY	18011245	NEWARK	23 -2
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	gddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	ENINSULA GENERAL /+	2SPITAL.	Koyte = 1	YES NO
. 3	NAME OF DECEASED	Middle	Last 4. DATE M	onth Day Year
	(Type or print)	F	ALLEN DEATH NOVEM	DER 16 1960
5	SEX 6. COLOR OR RACE 7. MARR	RIED T NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year lost birthdoy)	Months Doys Hours Min.
	FEMALE NEERO WIDOWE	ED DIVORCED	8-9-1897 63 "	20/0 110012 111111
Ti	0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE	HomE	NIARY AND	L. S. H.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	ISMA HURE		LENNIE LOAS	5601
	S. WAS DECEASED EVER IN U. S. ARMED FO CES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT AG	Idress
	No	NO NO	R. JACK Allew, NEWARL	3 Md- Rt#/
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).	+ 709.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	IGNT WE SELL	Ki Januara	7 2600
	411 × DUE TO RU	el willy Her	T Destas	721.10
	Conditions, if ony, which ) (b)	inen. G. J. X	15 Bleedelly	/2WK3
	gove rise to immediate couse (a), stating the under-	This la.		
	lying couse lost. (c)			
1	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	E Puleu healthiles			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUT	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
		for the state of t	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
	Hour o.m. While of wor	IAOI AUIIE	story, story, state stogy, story	
	21. 1 certify that (i) (this haspital) attend	ded the deceased fram	11-6 1060 11-16	1960 that (I) (we) last
	saw the deceased alive an 11-16		0.37	and an the date stated above.
	220. SIGNATURE	1		22b. DATE
	I traveles Va	e	M.D. PHYS. DIRECTOR PHYS.	11-16-101
1	22c. PHYSICIAN'S NAME (Type)		22d ADDRESS	. 10
	(1)507		regitt. Jalus	ury, Vlub
2	30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town	, or county) (Stote)
	REMOVAL (Specify)	EVERGRE	ENCEM! DERLIN	1. Md
2	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	300 0 0 100	GISTRAR'S SIGNATURE
1	Thornton B. Jolley	JALISBURY L	DATE NUV 2 8 '60	Talling S. Kraus

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. after death. Page 4 may be recorned by the hospital or attending physician.

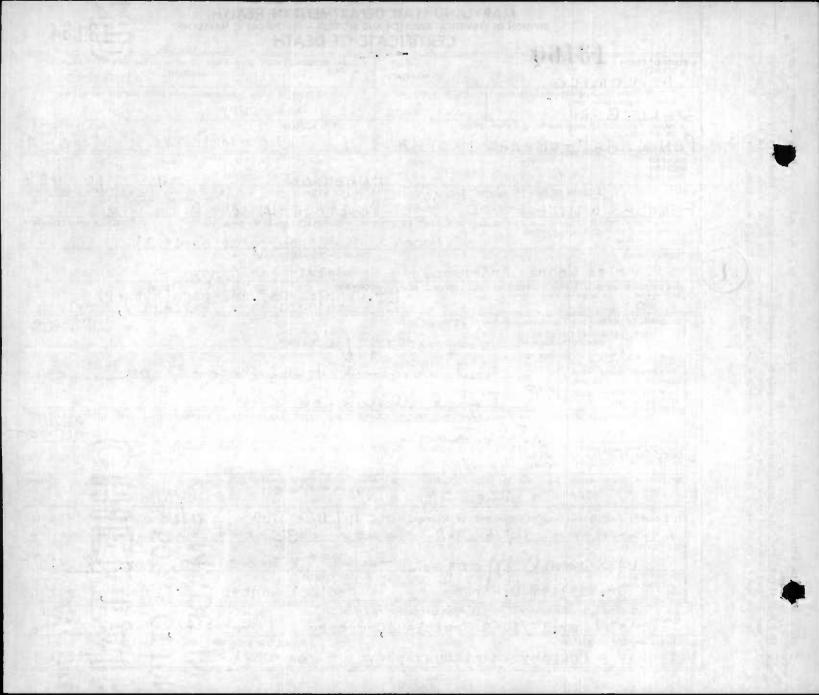
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, ar removal, and imagy event, within 72 hours after death.

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cate be executed wisician and complets recorbon papers.	
the death certific the ottending phys Then please remay and in ony event.	15
TO HOSPE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fms after death. Page 4 may be recained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral day the funeral physician and completely filled in by the funeral day should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.	MOSTA CERTIFICATION
OR ATTENDING PHYS	MEDIC
TO HOSPY moy be in TO FUNERA page 3 sho	2
15M 9/59	2.

		19100		CEKIII	FICAI	E OF D	EATH				1010	
1.	PLACE OF DEATH	10100		MAR	YLAND	2. USUAL RESI		ere deceased li	ved. If instituti b. COUNTY		before admis	sian)
	RURAL ond give ne	f autside carporate limi corest town)	its, write	c. LENGTH OF STAY	' IN 1b	c. CITY OR	TOWN (If o		e limits, write R			n)
P		AL (If not in haspital, s		address)	AL	d. STREET	DDRESS	Benja	min Av	e	ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	DAWN		MARIE	N	NDERS		4. DATE OF DEATH	Mon	th /	Day 16	Year 1960
S.	SEX EMALE	6. COLOR OR RACE	7. MARR	ELED HEYER MARR	IED B.	DATE OF BIRT	Н	41960 9.	AGE (In years last birthday) yrs.	IF UNDER 1 Y		
100	during most of work	DN (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS (					Hospit		J S A	COUNTRY?
13.	FATHER'S NAME				6 v =	14. MOTHER'S	MAIDEN N	IÁMÉ			11-13	
		es George				2/	via M	lae Ca	rey			
15. (Ye		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	D. VINE	Charle Benja	es Ga	Ave.	C4	rathe	aryl	end
CERTIFICATION	20a. ACCIDENT WA	the under- DUE TO	DI FIDITIONS (	Intrac etal CONTRIBUTING TO DE CRIBE HOW INJURY O					CONDITION GIV	/EN IN PART 1	(o) 19. WAS PERFC YES	ORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye N/A 19	ar 20d. It While at war	NJURY OCCURRED  Nat while at work	20e. PLAC focto	E OF INJURY	(Home, form e bldg., etc.	, 20f. (City a	r tawn) N/A	(Cou	enty)	(State)
	saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S	ot (I) (this haspita sed alive an C. William	C. Me	1 6		ath occurre	d at 3 A		STAFF PHYS.	Nov.	date stated	d abave. 2b. DATE SIGNED /1960
L	REMOVAL (Specify)	Nov.17	) 1961	1		crematory	1	Frui	tland,	Maryl	(Sto	ite)
124. H	FUNERAL DIRECTOR	& COMPAN	Y S	ALISBURY	MARY	LAND		OV 21 6		STRAR'S SIGN		
	2082	23 aX V	5									



	an and campletely filled it by the funeral director,	carbon papers. Pages 1 and 2 shauld be filed with	No 72 hours ofter death.
	the attending physicic	Then pleose remave a	and in any event with
cained by the haspital ar ottending physician.	<b>AL DIRECTOR:</b> After this certificate has been signed by the attending physician ond campletely filled in 3 the funeral director,	hauld be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hards after death. Page 4

	19101		CERTIF	ICAT	E OF DEATH				191	0.)
1. PLACE OF DEATH o. COUNTY	10101		AAADY	LAND	2. USUAL RESIDENCE (W	here deceased	lived. If instituti		e before adm	ission)
	icomico		· · · · · · · · · · · · · · · · · · ·		Maryla				icomic	-
b. CITY OR TOWN RURAL ond give	(If autside corporate lim nearest town)	its, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (IF	outside corpor	rate limits, write R	URAL and gi	ive nearest to	wn)
Salis			4 yrs.		Sali	sbury				
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital,	give street o	address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	Centenary	Dr.			Cent	tenary	Dr.		YES	□ NO □
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mar	ith	Day	Year
(Type ar print)	JAM	ES	ALLEN		BAILEY	OF DEATH	Novemb	er	18.	19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	YEAR IF UN	IDER 24 HRS
Male	White	WIDOWE	DIVORCE	D	September 4	1 877	89 yrs.		Doys Hau	rs Min,
10a. USUAL OCCUPAT	TION (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTI	Y 11. BIRTHPLACE (State	or fareign co		12.CITIZ	EN OF WHA	TCOUNTRY
Seafood	Pot		tail & Who	10001	e Marvla	har		,	I.S.A.	
13. FATHER'S NAME	, 1160	III	CALL OF MILO	Tesal	14. MOTHER'S MAIDEN				Jensette.	-
	Oliver B	aile	v		Eliza	Marsch				
	VER IN U. S. ARMED FOI			). 17, INFO	DRMANT	122 501	Add	ress		
[Yes, no, or unknown)	(If yes, give wor or dates of	service)	37	03	2 2 12					
NO.	EATH   Enter anly one o	nuse per lin	None		endon Bailey	- 5	alisbury	, Mar	INTERVAL	BETWEEN
	EATH WAS CAUSED BY:	j	/						ONSET AN	ID DEATH
100	IMMEDIATE CAUSE (		hemme						- Ch	X
000	DUE TO		1 -	0	0 19		5-3346		100	401
Canditians, if gave rise to		6)	mone	_ 10	elmejor	me			me	un
couse (o), stotin	g the under- DUE TO	)			0					
lying couse los	_ ′ ′	c)								
PART II. C	THER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART	PER	S AUTOPSY FORMED?
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Part	II af item 1B.)			
	URY Manth, Doy, Ye	ear 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fare	m, 20f. (City	ar tawn)	(C	ounty)	(State)
Haur a.m	10	While at warl	Nat while	racta	ry, street, affice bldg., et	c.)				
	THE PERSON NAMED IN			£	1954.19		1C Nor	- 106	0 16-11	
	nat (I) (this hospito	1	/		ath accurred at					
22a. SIGNATURE	osed olive on	1	2 17_6\\ and	rnar de	ain accurred diz_1.	, M, from	rne couses or	nd on the	date state	22b.DATE
	Enf C	5	2/	м.	D. PHYS.	AED.	STAFF PHYS.	1	1-19-	SIGNED
22c. PHYSICIAN'S NAME (Type		oyer	) M.D.		22d. ADDRESS	amden A	ve., Sal	isbur	y, Mar	yland
23a. BURIAL, CREMAT	ION, 236. DATE THERE	OF	23c. NAME OF CEM	ETERY OR			ION (City, town,			itote)
BURIAL Specif	NOV. 20				h Cemetery		Vernon			
24, FUNERAL DIRECTO			ADDRESS			D BY REGIST		STRAR'S SIG		
Hill & Jo	hnson Co.	Salie	humr Ma-	base	DATE	W 2 2 '6		., 0	4	
		へのててり	oury, mary	Talla	DAIL	JY C Z D	( ( )	Than 8	Tienes	

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funeral director, ofter death. Page

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1. PLACE OF DEATH

13. FATHER'S NAME

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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mico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission a. STATE b. COUNTY Some rsel
side connecte limite weite	- IENICTH OF STAV IN 11	CITY OR TOUGHT ME AND TO THE PART OF THE P

12136

WAS AUTOPSY

PERFORMED? YES NO DA

	a. COUNTY MARYLAND	o. STATE Md, b. COUNTY Somerset
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)
	Dalisbury	Which Station Kingston
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  Box 66  Box 66  Box 66
Į	TENIN SULa MENERAL HOSPITAL	BOX 00 YES NO
-	3. NAME OF DECEASED (Type or print) HR HARRY	Lost 4. DATE Manth Day Year OF DEATH DOLL & WALL 7 19 6
1	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
1	Male Neg. to WIDOWED   DIVORCED	Aud. 3, 1960 last birthday) Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	DUSTRY 11 BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTR

	Charles Ba	lard	Shirler	Boslon
м	15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	. 17. INFORMANT	Address
1	(Yes, no. or unknown) (If yes, give war or dates of	ervice)	Shirley Ballat	d-Marion Sta, Md.

1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melabolic Clerify	ONSET AND DEATH
57/ DUE TO DOD D. T	
Canditians, if any, which) (b)	
gave rise to immediate DUE TO	agrical.

lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.)

CERTIFI MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark p. m.

1962 that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from. 12. sow the deceosed alive on ond that death occurred of M, from the couses and on the date stated above.

22a. SIGNATUR 22b. DATE SIGNED

ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS

23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City, tawn, ar county) REMOVAL (Specify)

(State) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

VR A1S (4)

State Board of

20101 Test aucost "Control of the Control Salis press 1-1- Joseph Dogwill There was a state of the state of the state of Aug 3, 1960 0-13 1 11.00 M Charles Italiand Shirdey Salland - Algring Stary ML Barrel 11/8/60 

**ADDRESS** 

0 VR A15 (4) 15M 9/59

Hill & Johnson Co. Salisbury, Maryland normant. Baker

24. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Day

YES NO

Year

1960

IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 1202 PERFORMED? YES NO T (County) (State) 19,000, that (1) (we) last P.M. fram the causes and an the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, tawn, ar county) (State) 250 REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DATE NOV 1 6 '60 arihun S. Krans

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TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13138

	a. COUNTY				2. USUAL RESIDENCE	(Where deceased		in: Residence bef	are admissi	on)
	Wico	mico		MARYLAND	MARUI	LAND	b. COUNTY	lesicon	1150	
		If autside corporale lim	its, write c. LEN	NGTH OF STAY IN 18	c. CITY OR TOWN	(If autside carpo	rate limits, write RL	JRAL and give n	earest tawn	)
-	SHLIST	TAL (If not in haspital,	nive street address	1	d. STREET ADDRES	SISURU	1		e. IS RESI	DENCE
1	OR INSTITUTION	A GENER	11	SPITAL	DELI	MAR	Rd.	5-237	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	BAby	GIRL	Middle	BENNETT	4. DATE OF DEATH	NOVEMI	~ - 1	-/	960
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	_	
15	FMALE	WHITE	WIDOWED [	DIVORCED [	NOVEMBER	5.1960	yrs.	Manths Days	Haurs	Mig
100	a. USUAL OCCUPATION during mast af war	ON (Give kind af wark king life, even if retired	done 10b. KIND (	OF BUSINESS OR INI	OUSTRY 11. BIRTHPLACE (	State or foreign co	ountry)	12. CITIZEN C	OF WHAT C	OUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAID	DEN NAME				
		UNKN	own		MA	RGIE.	BENNE			
		ER IN U. S. ARMED FOI (If yes, give war or dates of		L SECURITY NO. 17	IMPORMANT Pho	Ebus D	ELMAK	Rd. SA	Lisb	v ky, N
	IB. CAUSE OF DEA	ATH [Enter anly ane co	ause per line far (	a), (b), and (c).]		7			TERVAL BET	
		ATH WAS CAUSED BY:	Por-	MATHER	7-1			01	SET AND	DEATH
ľ	Canditions, if any, which)  (b) PREMIATURE SEPARATION PLACENTES									
	gave rise to i cause (a), stating lying cause last.	the <u>under-</u>								
CATION	PART II. OT			BUTING TO DEATH E	UT NOT RELATED TO THE T	FERMINAL DISEAS	CONDITION GIV	EN IN PART 1(a)	19. WAS A PERFOI YES	NO NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enler nature of injur	ry in Part I ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Doy, Ye	While N	OCCURRED 20e. lat while twark	PLACE OF INJURY (Hame, factory, street, affice bldg		ar tawn)	(County	1)	(State)
	21. I certify the	at (1) (this haspita	l) attended th	e deceased fran	11-5-	1960, ta.	11-6-	1960, 1	that (I) (v	we) last
	saw the decea	sed alive an	1-6-1	960, and tha	death accurred at	4-5/M, fram	the causes an	d an the dat	te stated	abave.
	22a. SIGNATURE	est Lee	Bak	Lens	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S NAME (Type)		1000		22d. ADDRESS	ALISBU	Ry n	od.		
23	a. BURIAL, CREMATIC		OF 23c.	NAME OF CEMETERY			MON (City, town, o	or county)	(State	e)
34	FUMERAL DIRECTOR	S SIGNATURE	1 0	DDRESS/		REC'D BY REGIST	1	STRAR'S, SIGNAT	URE	
	Homerti	vallaer	Hali	cherry	, Ind , DAT	MININ AUN A	60	Lilling g	LA	
4	20	9001	2 V 11/1	0	John			S.	Though	
	12	. Od al . 1 0	XXVU							

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wit wit		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  3. COUNTY  3. COUNTY
P = P	'	WICOMICO MARYLAND STATE B. COUNTY WICOMICO
at Bed th		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
de sta		SALISBURY SALISBURY
重(重量)		d, NAME OF HOSPITAL (If not in hospitol, give street oddress)  e. IS RESIDENCE
o Z	10	OR INSTITUTION ON A FARM?
The CAT	1	
ed h.		DECEASED
ed within 2 pletely fille ers. Pages after death	-	(Type or print) BABY BOY BENNETT DEATH NOVEMBER 6 1960
Pa Po	S. S	lost birthdoy) Months Days Hours Min.
ple afte	7.5	ALE WHITE WIDOWED DIVORCED NOVEMBER 5,1960 Yrs. 255
d com	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		MARYLAND
be an an an 272	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cian cian		UNKNOWN MARGIE BENNETT
physician physician physician		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
g b b	(Yer	JANES PhoEbus DELMAR Rd SALISBURY MA
ath din din din din	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
de de ple		PART I, DEATH WAS CAUSED BY:
the hen di		IMMEDIATE CAUSE (o) / A E /////
hat with the state of the state		Conditions, if any, which) 1/10 PREMATER-SEPARATION PLACENTAL
ave time		gave rise to immediate (b) / KEINATER-SEPTIFITON FLACENTY
guir		couse (o), stating the under-
nsit an	-	lying couse last. (c)
law ysic bee tra an,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
he ph sa right	3	YES NO D
ing ing bu	CERTIFI	20b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
fice fice the al,		(IF EITHER, NOTIFY MEDICAL EXAMINER)
SIC att	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
HY Dis o Use to b	WED	Hour o. m.  While Not while foctory, street, affice bldg., etc.)  p. m.  19 of work at work
Poid Per the		
DIN has hed hed h		
the offee of the solit		saw the deceased alive an 11-12-1960, and that death accurred at M, from the causes and an the date stated above.
F d CTC		ATTENDING MED STAFF SIGNED
DIRECT POLICE OR OF A PARTY OF A		22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
Board		NAME (Type) SALISBURY Md.
Moy be retuin o FUNERAL DI page 3 shauld the State Board	-	
HOS oy b oy b sige	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY) 23d. LOCATION (City, town, or county) (State)
Page 1	5	BULLAC 11-6-1960 WICOMICO MEM, VARK SALISBURY Md.
The state of the	24.	EUNÉRAL-DIRECTOR'S SIGNATURE SALESDUM ME 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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los		2182213XVD

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13140

J abc.
22b. DATE
SIGNED

CEDTIEICATE OF DEATH

		TOYTH		CEKTIFIC	MIE	OF DEA	AIII					
	COUNTY	Wicomico		MARYLA	- 1	o. STATE	CE (When		d lived. If instituti b. COUNTY		ce before od	
b	RURAL and give no	f outside corporate limit ecrest town) Hebron	s, write	c. LENGTH OF STAY IN	16		on (If our		rote limits, write R	URAL ond g	ive nearest	town)
C	OR INSTITUTION	AL (If not in hospital, gi		oddress)		d. STREET ADDR		oad	Ave			RESIDENCE ON A FARM?
0	NAME OF DECEASED Type or print)	OLIV		Middle ROSE	BE	lost NNETT	1	4. DATE OF DEATH	Mor NOV	TEMBE	Day R 26	Year 5 19 60
5. S	Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED  ED DIVORCED [		AV 7.18	392		9. AGE (In years lost birthdoy) 68 yrs.	Months	-	JNDER 24 HRS
7.7	during most of worl	ON (Give kind of work d king life, even if retired) kat Home	one 10b.	KIND OF BUSINESS OR I	NDUSTRY	Athol	E (Stote or		ountry)	12. CITIZ	ZEN OF WH	IAT COUNTRY
13. 1	FATHER'S NAME William	Henry Bu	ad		1	4. MOTHER'S MA	_	kson				
	WAS DECEASED EVE	R IN U. S. ARMED FORG	ES? 16.	SOCIAL SECURITY NO.	Mrs	RMANT	Hit	chen	s (Daugh		R.D.#	£ 5
		mmediate (	30 por 111	Coroney .	zh zel	on lose	in lent	Des	une		ONSET A	AL BETWEEN AND DEATH
FICATION	PART II. OTH			CONTRIBUTING TO DEATH	who					/EN IN PART	PE	VAS AUTOPSY ERFORMED? S NO 1
AL CERTI	OR CONTRIBUTING	MEDICAL EXAMINER)		N/A								
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While of wor	_ Not while _	foctor	OF INJURY (Home, street, office bloom)	ne, farm, dg., etc.)	20f. (City	or town)	(C	County)	(Stote
	saw the decea		attend	ded the deceased fr		th accurred a	F: 00	59, ta_	the causes ar			
	22c. PHYSICIAN'S	and h	. 7	farmore	M. D	ATTENDING PHYS.	MED DIRE	ECTOR	STAFF PHYS.	Nov	.75	22b. DATE SIGNED 199
	NAME (Type)	Dr. Ernest		armore		Delmar						
	BURIAL, CREMATIC REMOVAL (Specify) BITTI TI	Nov. 29.	F 1960	23c. NAME OF CEMETE Mardela ADDRESS	-	etery(C	ola :	Part BY REGIST			Maryl	(Stote)
	LLOWAY	& COMPANY	S	SALISBURY N	TARY		ATE DEC		- 100	John S.	Trans	

should be filed with after death. Poge 4 the funeral directar, 12 and physicion and completely filled Pages 1 requires that the death certificate be executed within 24 event, within 72 hours ofter death. remave corban papers. ottending pleose any ond in by remavol, TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit. by the hospitol ar attending physician. 5 burial, cremotion, page 3 should be detached for use the State Board of Health prior to bu

TO HOSP VR A15 (4) 15M 9/59

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1		10100		
1	1. F	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE: b. COUNTY
		WICOMICO	MARYLAND	MIARYLAND WICOMICO
	E	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	2	PALISBURY	3 WAS	12 SALISOURY
	0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
0	7	ENINSULA GENERAL	HOSPITAL	1 49 JONIERSE NO B
0-	3. 1	NAME OF First	Middle	Lost 4. DATE Month Day Year
	(	(Type or print) CORA	KEDECCA	BOOTH DEATH NOVEMBER 17 196
	S. S	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HI  which is the property of th
	1	EMALE WHITE WIDOW		JULY 00, 1814 86 yrs.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. dyring most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTR  U, S. A.
1	13.	FATHER'S NAME	1111 1/011/2	14. MOTHER'S MAIDEN NAME
		JOHN S. JONES		MARTHA White
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	leo. Booth, Salisbury, Mo.
		18. CAUSE OF DEATH [Enter only one couse per li	ige for (o), (b), ond (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	cronery a	stery levembores 14 day
		TA O . DUE TO	1	dil .
		Conditions, if ony, which ) (b)	ovorcety	atheroschroses
		gove rise to immediate couse (a), stating the under-	0	
	_	lying couse lost. ) (c)		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES [] NO.[
3	CERTIFICATION	OR CONTRIBUTING  CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		ACT OF INJURY 41
	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I While of wo	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Sto
		21.1 certify that (I) (this prospital) attend	ded the deceased from	10/28 160, to 11/17, 1960 that (1) (we) is
		saw the deceased alive on	19_60, and that	140
		220. SIGNATURE		22b. DATE
-		Maria Du	wore	M.D. ATTENDING MED. STAFF PHYS.   //-/7 - SIGN
-		22c. PHYSICIAN'S NAME (Type)	1111 - 000	22d ADDRESS 1 Contant Solich and My
		DAVIO	FILMORE	MICOICHI CENTETI DATIDOURY, 1110
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	PARSONS (	CREMATORY 23d LOCATION (City, town, or county) (Stote)
1	24,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	1	ill + Johnson	Salisbury,	mel DATANOV 18'60 dring & Krana
		Froman T. Babe	N	

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may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPII VR A1S (4) 1SM 9/59

-021M021W SHIJSELING PENINSULA GENERAL HOSFITAL November 17 LE MTSOT FEMALE WHITE Cornery Other war 19. 1.

VR A15 (4) 1SM 9/S9

	13167 Tem CERTIFICA	ATE OF DEATH
	PLACE OF DEATH  O. COUNTY  MARYLAND  LOUIS OF TOWN 16 of the property limits with a LENCTH OF STAY IN 15	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Carobia  Mary Land
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in haspital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  1092e 4  d. STREET ADDRESS  e. IS RESIDENCE
E	OR INSTITUTION  OEN 14866 Heneral  NAME OF First Middle	ON A FARM? YES NO
	DECEASED (Type or print)  SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Lost A. DATE Month Doy Yeor OF DEATH / BUE When 20 19 60  B. DATE OF BIPTH  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS
V-	c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	(ast builthoop) Manths Days Hours Min.
13.	FATHER'S NAME	4 hor la l WB
15.	Was deceased ever in u. s. Armed FORCES? 16, SOCIAL SECURITY NO. 11/1	INFORMANT ( Address Address
7	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO  (c)	interval Between ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
1 2		
W	21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on	death occurred ot h, from the couses and on the date stated above  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22d. ADDRESS

il similar 19 - 18 8 9 F 13012125. Peningsala Beneral Rower Amorpor to be Formale while and the second MELLEN MEMBERS IN Lot of the many was the true on west manufactured to the same of th TEXT TO THE TAX OF THE TAX

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEDTIEICATE OF DEATH

MARYLAND

DATE OV/S

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	3

after death. Page

the funeral directar, shauld be filed with and 2 shauld mpletely filled in by the sers. Pages 1 and 2 s ofter death. TO FUNERAL D page 3 shauld the State Boar

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.1

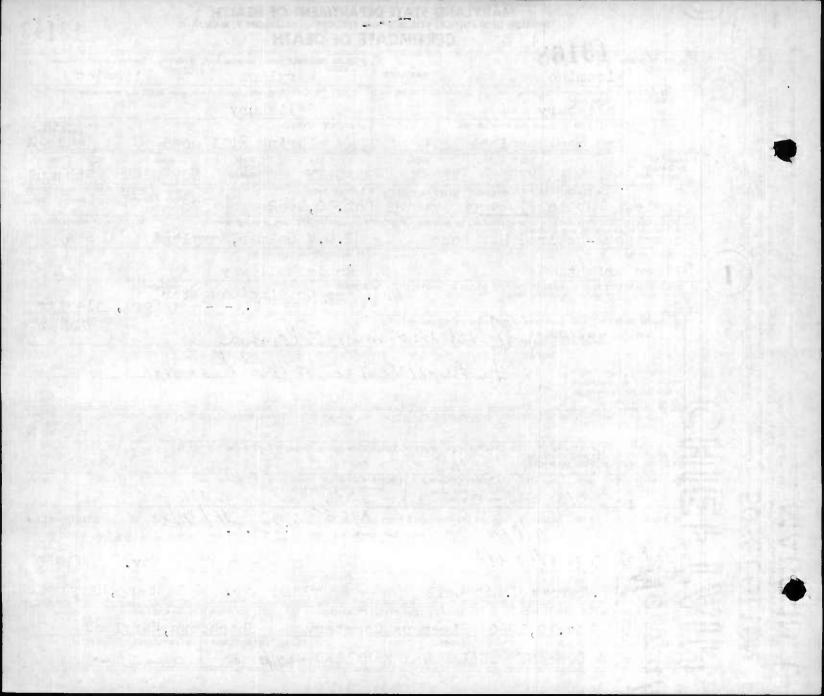
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VR A15 (4) 15M 9/59

HOLLOWAY & COMPANY

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by	CTO	de	f He
ned by the haspital ar attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and cam	d be detached far use as the burial-transit permit. Then please remave carban pap	and of Health prior to burial, cremation, or removal, and in any event atthin 72 hours

	19100	CERTITIO	AIL OI DEA	• • • • • • • • • • • • • • • • • • • •				
1. PLACE OF DEATH a. COUNTY	icomico	MARYLANI	2. USUAL RESIDENCE a. STATE	E (Where deceased	d lived. If instituti b. COUNTY			sion)
b. CITY OR TOWN RURAL and give	(If autside corporate limits, write	c. LENGTH OF STAY IN 18		N (If autside carpoi	rate limits, write R			n)
OR INSTITUTION	ITAL (If not in hospital, give stree en Gen Hospit		d, STREET ADDRE	ring Hi	ll Road			SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First NANNIE	Middle ELLEN	BRADLEY	4. DATE OF DEATH	NOVE		/	Year 19 60
5. SEX Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED VED NOVER DIVORCED	0ct.30,18		9. AGE (In years last birthday) yrs.	Manths Day	_	Min.
during mast of wa	ION (Give kind of work done 10th orking life, even if retired)  **RETITED**	None		(State or foreign co Delmar, I		d U	S A	OUNTRY?
Wilson W	right		Annie H	den name Hollowaj	У			
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17	informant s. Sara Col 514 Wille	llins(Day St	aughter Sea		elawa	are
Conditions, if gave rise ta cause (a), stating lying cause lost	immediate g the <u>under-</u> (c)	nemos	rang Ed	ema rat k	Giren	2	NTERVAL BE	DEATH
CATIC	THER SIGNIFICANT CONDITIONS					VEN IN PART 1(a	19. WAS PERFO YES	DRMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature af inju	ry in Part I ar Part	ill at item 16.)			
ZOc. TIME OF INJL. Haur a. m. p. m.	NI /A 10 Whil		PLACE OF INJURY (Home factory, street, affice bldg		ar tawn) N/A	(Caun	(y)	(State
saw the deced	at (1) (this haspital) after ased alive on 1/17/4		n 1958 t death accurred at	19 to 1	1/7/6 the causes ar	d . 19, nd an the do	te stated	d abave.
22a. NGNATURE 29c. PHYSICIAN'S	mithe	4	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Nov.		B. DATE SIGNED
NAME (Type)	Or.Andrew C.M	itchell		nd Ave.	Salia	sbury, N	aryl	and
23a BURIAL, CREMATI REMOVAL (Specified Purise		23c. NAME OF CEMETERY Firemans	OR CREMATORY Cemetery		rotown,		(Stot	te)
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a.	REC'D BY REGIST				



# MARYLAND STATE DEPARTMENT OF HEALTH 1316. CERTIFICATE OF DEATH

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after death. Page 4

TO HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 kmay be reformed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 are the State Board of Health priar to burial, cremation, ar remaval, methor year, within 72 hours after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH 4 o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY:
WARYLAND MARYLAND	Maryland Diconico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SALISBURY SUPERS	* Mardela
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
DOR INSTITUTION CENTERAL HAS PITAL	ON A FARM? YES NO
PENINSULA GENERAL HOSPITAL	
3. NAME OF DECEASED (Type or print) WILLAM PENN Middle	BRADLEY  4. DATE Month Day Year OF DEATH NOVEMBER 24 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALK WHITE WIDOWED DIVORCED	De C. 1 8 14 lost birthday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	Mandad 11.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	14. MOTHER & MAJORIT HAME
James Bradles	UN KNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
213-01-199-1	Mrz W. Penn Bratley Mardela 110.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	WILL HORIS TO ADORD CONSET AND DEATH
IMMEDIATE CAUSE (o)  DUE TO	and the case was been
Town of	
Conditions, if ony, which gove rise to immediate (b)	
cause (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO NO
W DO ACCIDENT WAS INDERLYING TO DOS DESCRIPTION IN INDIVIDUAL OCCUPANT	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING D CAUSE OF DEATH  [W] (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not while fac	ctary, street, affice bldg., etc.)
p. m. 19 of wark at wark	
21. I certify that (I) (this haspital) attended the deceased fram.	(CCT 17 1960 ta 11 0 4 , 1900) that (1) (we) last
saw the deceased alive an 11-24 19/4), and that d	death accurred at 5 AM, from the causes and an the date stated above.
22o. SIGNATURE	22b. DATE
1192290000	M.D. PHYS. DIRECTOR PHYS. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
LOUI DATE THE COLUMN TO THE COLUMN THE COLUM	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
120000 11-50-00 Mardela Co	emplery Mardela Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. RECYNGY REGISTRAD 256. REGISTRAR'S SIGNATURE
Smith toward flome Thompton	DATE DATE

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		ن 14 نوخونی			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) ay is necessary, all director. Pege of for your files. Board of Health, a. COUNTY b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your Board of write RURAL and give nearest lown) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? D.O.A. at Pen Gen Hospital 2 with the State Johnson Road rificate should be executed within 24 hours after death. If an, "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functional states of the along with form PM3. Page 5 may be retained used as a burial-transit permit. File-pages 1 and 2 with the State inn. or removal, and in any event within 72 hours efter death. death YES NO NAME OF 4. DATE DECEASED OF 19 60 (Type or print) ALTCE ELIZABETH CHANDLER NOV. DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX IF UNDER 24 HRS. 19. AGE (In years | IF UNDER 1 YEAR last birthday) Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Wilmington, Delaware None house Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie V. Malin Thomas P. Steele 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivewarordetesofservica) Chandler (Huston) Salisbury, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Methyl Alcohol poisoning IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to buriel, cremation, or ren DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic alcoholism NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Ingested methyl alcohol CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Dey, Yeer (County) (Stata) 00 While at work factory, street, office bldg., atc.) Not While Nov. 22,060 Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X and in my opinion MEDICAL death resulted from: Natural causes Accident X. Suicide 1 Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Camden Ave. SalisburymMd. Address (Street, city, town, or county)
Date THEREOF | 22c. NAME OF CEMETERY OR CREMATORY | 122d. LOCATION (C DEP 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Burial-Nov. 28, 1960 Wicomico Memorial Park Salisbury, Maryland 40 6 ā 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME Outling & Trava 160 HOLIOWAY & COMPANY SALISBURY MARYLAND | DATEDEC 1 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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director,

Then please remove carbon papers. Pages 1 and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or removal, and in any event. Which 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

sined by the haspital ar attending physician.

may be re TO HOSPI

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after death. Page 4 Unerd 13147

See: Birth Cer	TE OF DEATH
1. PLACE OF DEATH 1 11. 12.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
Wicomied MARYLAND	o. STATE b. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
Salisbyry	Wishour
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
renin enla General Hospital	1 Dex 254 YES NO
3. NAME OF First Middle DECEASED (Type or print)	COLLING DATE Month Doy Year OF DEATH NOV 2001
5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 7	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
1 THE RESERVED LANGE LAN	lost birthday) Months Days Haurs Min.
Lemale negro WIDOWED DIVORCED	Nov. 3, 1960 yrs. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even of retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
doming most of working the, evental femely	Salisbury, Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl Sylvester Collins	Bernice Lottie Ballard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address
To come or come de	
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My Maty	J (B. with WT 580 gms) ONSET AND DEATH
DUE TO	901111x
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Canditions, if any, which agave rise to immediate (b)	1117
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 1B.)
206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (callet hallore at injury in Fart I at Fart II of Helli 15.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State
Hour a.m. While Not while fa	ctary, street, affice bldg., etc.)
p. m. 19 at work at work	
21. ( certify that (1) (this haspital) attended the deceased fram	11/3 1962 to 11/3 1962 that (1) (we) las
	death accurred at 2.5 M, from the causes and an the date stated above
220. SIGNATURE	22b, DATE
allred C. Kolls	M.D. PHYS. MED. PHYS.   1/3/60
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	harden Contra - Johnson la
	The second secon
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county)
Eurial II/4/60 ST James	Westover Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REGID-BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
William H. James Jr. Princess Ann	e Md pate
TILL STATE OF THE PROPERTY OF STATE OF	O G A TUCK

 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1	1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (V a. STATE		l lived. If institution b. COUNTY	on: Residence befare	admission)
AI)	b. CITY OR TOWN (If or			Maryland c. CITY OR TOWN (III			JRAL ond give neare	
	RURAL ond give neore Salis		7 days	Centerv	illa		17x-	2
05	d. NAME OF HOSPITAL OR INSTITUTION		ve street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO
	Pine Bluff	State Hos			4 0.00			
WA.	3. NAME OF DECEASED (Type or print)	JAMES		DADDS	4. DATE OF DEATH	Mon		Year 19 60
	S. SEX	. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF	
7.3.5	M	W	WIDOWED DIVORCED	Sept. 11.	1888	79 yrs.	Manths Days	Hours Min.
	10a. USUAL OCCUPATION during mast of working		one 10b. KIND OF BUSINESS OR INDU			ountry)	12. CITIZEN OF V	VHAT COUNTRY
,E	Huckst	er	Farming	Maryl			U.S.	
1	13. FATHER'S NAME	liam J. D	ladde	14. MOTHER'S MAIDEN	Allen			
- /	15. WAS DECEASED EVER II	N U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. IF	FORMANT	ATTEIL	Addr	ess	
		yes, give wor or dates of ser						
- 199	NO I	· · · · ·	212-16-7228 <b>7</b> (se per line for (o), (b), and (c).	Records of	Pine B.	Luff Hos	The same of the same	VAL BETWEEN
	PART 1. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)	Dulmonomy tul	berculosis	3 112		ONSE	MOS.
0	Arteriosc  20a. ACCIDENT WAS I	s under. DUE TO (c). significant cond clerotic c underlying [] I cause of Death	DITIONS CONTRIBUTING TO DEATH BUT CARDIOVASCULAR dis 206. DESCRIBE HOW INJURY OCCURRE	sease	101.7		7	WAS AUTOPS' PERFORMED? YES NO
	US (IF EITHER, NOTIFY ME) 20c. TIME OF INJURY Haur a. m. p. m.		r 20d. INJURY OCCURRED 20e. PL While Not while at work of work	ACE OF INJURY (Hame, fa clory, street, office bldg., e	irm, 20f. (City	or town)	(County)	(Stot
		. , ,	attended the deceased from 17. 30 19.60, and that of					
	220. SIGNATURE	ratol P.	5-A.		MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
- /		Edward P.	Ritchings, M.D.	Pine Blu	ff Stat	e Hosp.	,Salisbur	y, Md.
a	23a. BURIAL, CREMATION, REMOVAL (Specify)	ALR 3-1	1960 Chesterfiel	2.8	Ceri	therelle	Mary	(Stote)
8	24. FUNERAL DIRECTOR'S S	IGNATURE R	ADDRESS OF	Ad. DEC	c'd by regist	RAR 25b. REGIS	STRAR'S SIGNATURE	

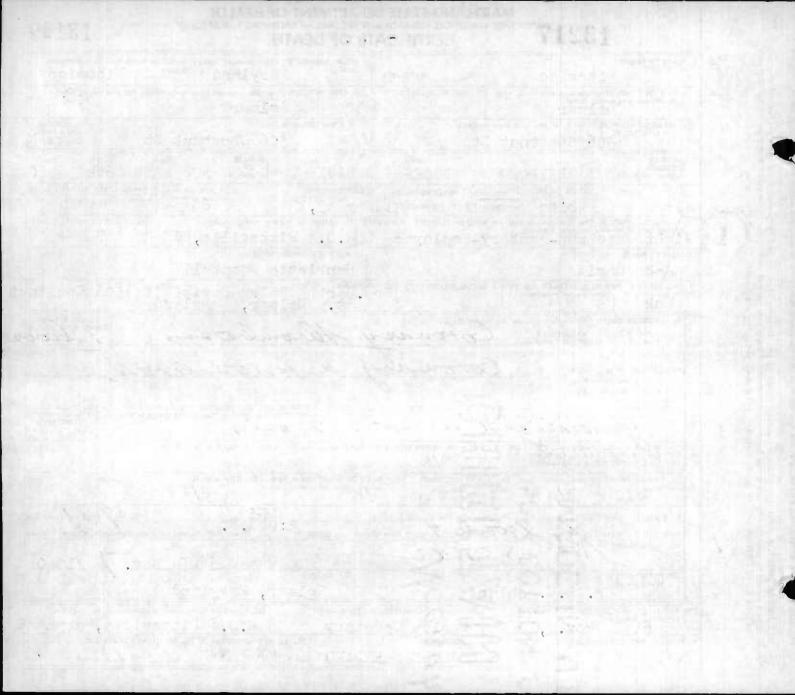
TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the death. Page 4 may be refained by the hospital ar attending physician.

TO HOSPI OR EXCEPTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

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CERTIFICA	THE OF BEATT
1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Deimar
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 506 Chestnut St	d. STREET ADDRESS  506 Chestnut St  6. IS RESIDENCE ON A FARM? YES □ NO □
B. NAME OF First Middle DECEASED (Type or print) RAYMOND FOOKS	DAVIS  4. DATE Month Day Year OF DEATH NOVEMBER 6th 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  Nay 23,1892  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDI- during most of working life, even if catired) Night Watchman-Factory-Employee	USTRY 11. BIRTHPLACE (Stote or fareign country) R.D.# Pittsville, Md USA
3. FATHER'S NAME John Davis	14. MOTHER'S MAIDEN NAME Henrietta Campbell
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. no. or unknown)  (If yes. give war or dates of service)  (If yes. give war or dates of service)	INFORMANT rs. bertha Ellen Davis(Addiestre) 506 Chestne St. Delmar, Maryland
gove rise to immediate couse (a), stating the under-lying couse lost.  PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON TO THE CONTRIBUTION OF THE CO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO [2]
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State of Arrest, office bldg., etc.)
21. I certify that (I) (this hespital) attended the deceased fram saw the deceased alive on the company of the	death accurred at M, from the causes and an the date stated above
220. SIGNATURE 1 - V Shler	ATTENDING MED. STAFF NOV. 7 /1960
22c. PHYSICIAN'S NAME (Type)	
Dr. L.V. Sohler	22d. ADDRESS Delmar, Maryland
230. BURIAL, CREMATION, REMOVAL (Specify) Nov. 8, 1960 Farlow Centerly Rouse Signature Address	22d. ADDRESS Delmar, Maryland  OR CREMATORY  23d. LOCATION (City, town, or county) (Stote)



22b. DATE SIGNED 11-9-60

	DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in 3y the funeral director,	uld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	hin 72 hours after death.
lined by the haspital or attending physicion.	fter this certificate has been signed	ed for use as the burial-transit permit	ard of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.
ined by the h	DIRECTOR: A	ald be detache	ard of Health

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with with	1. PLACE OF DEATH			ere deceased lived. If institution: Res	idence befare admission)
Page director	a. COUNTY Wicomico	MARYLAND	a. STATE	b. COUNTY	
· 1	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		land Westside corporate limits, write RURAL of	orcester
deoth de be	RURAL and give nearest tawn)				g
2 2 2	Salisbury	965 days		Hill	
the fu	<ul> <li>d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION</li> </ul>	ddress)	d. STREET ADDRESS	231	e. IS RESIDENCE ON A FARM?
DO AGE	DEER'S HEAD STATE HO	SPITAL		231	YES NO
\$ 50	3. NAME OF First	Middle	Last	4. DATE Month	Day Year
24 24 liled is 1 th.	DECEASED (Type or print) Marv	Priscilla	Devereaux	OF DEATH 77	8 1960
thin 2 y fille loges death			B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
- 01				last birthday) Mant	hs Days Haurs Min.
nplet ers.			4-5-81	79 yrs.	CITIZEN OF WHAT COUNTY
can	10a. USUAL OCCUPATION (Give kind of work dane 10b. ) dyring most of working fre, even if retired)	CIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (State of	oreign country)	CITIZEN OF WHAT COUNTRY?
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0 - 1 / -	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN N	AME	
sicion within	Mesenth J. Keyer	mul	Klennitt	a Duans	
physician smake can nt, within	15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. S. (Yes. not or deleas of service)	OCIAL SECURITY NO. 17. IN	IFORMANT /	Add/ess	
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th din	lio coler or over to	ora Mil	TONGLAJ WYSIM	us, smul ruce,	1119
deo on ten	18. CAUSE OF DEATH   Enter only one cause per line				ONSET AND DEATH
e of in	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestive he	art disease		10 days
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that by the Tit. Tit. Tol. ool.	Conditions, if any, which ) (b)				
nov mov	gave rise to immediate				
rei Te	couse (a), stating the <u>under-</u> lying cause last.				
or or	/ (0)	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	VALUES ASSECTABLE CONTRACTOR OF CONTRACTOR O	PART I(a) 10 WAS AUTOPSY
law lysic be be- tro on,	<u> </u>				PERFORMED?
The hose most	Diabetes mellit				YES NO
cree bu	206. ACCIDENT WAS UNDERLYING   206. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I ar Part II af item 18.)	
IAP fince fince the al,					
of to of the original of the o			ACE OF INJURY (Home, farm,	20f. (City or tawn)	(Caunty) (State)
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Por the formal of the formal o			2 70	۲0 ۵	10
Affred ed pr	21. I certify that (I) (this hospital) attended				
er he he	saw the deceased alive on	0_190U , and that d	eath accurred at	M, fram the causes and on	the date stated above.
OR ATTEI	22a. SIGNATURE				22b. DATE SIGNED
A d b d b be of	1 - 1 levels	,	M.D. PHYS. DIR	D. STAFF PHYS.  PHYS.	11-9-60
Para Pla	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	Deer's Head State	Hospital
OSPICE CONTROL OF State Board		L. V. Maldve,		Salisbury, Maryla	
TO HOSPI may be rent TO FUNERAL page 3 shou the State Bo		23c NAME OF CEMETERY		23d. OCATION (Giyy, tawa, ar caur	
Poge the St	Parties of the second of the s	Whater the	muller	Lange Will.	mil
0 80 84	24. FINERAL DIRECTOR'S SIGNATURE	ADDRESS A	muy	BY REGISTRAR 256, REGISTRAR	CICNIATURE
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completely filled	papers. Pages 1	ours after death.	
rificate has been signed by the attending physician and campletely filled in by the funeral directar,	s the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with	rial, crematian, ar remaval, and in any event, within 72 hours after death.	
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O HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg	may be resulted by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 an	th.
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PI	may be revained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been significant.	3 sh	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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1. PLACE OF DEATH  o. COUNTY  Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvlan	b. COUNT	tian: Residence before admission)
b. CITY OR TOWN (If outside carporate limits, v RURAL and give nearest tawn) Salisbury	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION  John B. Parsons Ho	street address)	d. STREET ADDRESS /John/ BA	307 Newton St /Parsons/Home	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SINA	Middle	ICKERSON	OF.	Doy Year 11 25 19 60
Fomolo White	MARRIED NEVER MARRIED I	B. DATE OF BIRTH May 2,1863	9. AGE (In years last birthday) 97 yrs	s IF UNDER 1 YEAR IF UNDER 24 HF Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  House Wife	e 10b. KIND OF BUSINESS OR INDU  Own Home	STRY 11. BIRTHPLACE (Stote Maryland		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME  John Thomas Taylor		Sarah Whit		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)	-1	ohn B. Parson	ns Home, Same	ldress
Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse last.  Conditions, if ony, which (b) DUE TO		rascular		
PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease condition G	SIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, far ctory, street, office bldg., et		(County) (Sto
21. I certify that (I) (this hospital) a sow the deceased alive on _//=			957, to 11->5 .M, from the couses of	nd on the dote stated above
22a. SIGNATURE Pleelop a	Link	M.D. PHYS.	MED. STAFF PHYS	22b. DATE SIGN 11-26-1960
Philip A.	Insley	Salisbu	ry, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Rurial  11-27-196	23c. NAME OF CEMETERY C		23d. LOCATION (City, town	
24. FUNERAL DIRECTOR'S SIGNATURE Hill & Johnson Co. Sal	ADDRESS	25g. REC		GISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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	office groups arrow	John B. Hotel	ewo)	A STATE OF THE STA	
		Annual Name			
Day (-10-11)					
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after death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13152

1. PLACE OF DEAT	н				nere deceased	lived. If instituti	an: Residence be	efore admission	1)
Wicomi	co	MARYL	AND O. STA	ryland		b. COUNTY.	Wicomic	0	
	'N (If autside carporate limit ve nearest town)	c. LENGTH OF STAY II			outside corpore	ote limits, write R			
Salisb		15 Mons.	RS	Salisbur	У				
OP INSTITUTE	OSPITAL (If not in hospitol, good Hill Rr. San			EET ADDRESS LOOB Bel	1			e. IS RESIDE	ARM?
3. NAME OF	Fire			Last	4. DATE	Mon	nth	Day Yes	
(Type or print)	EMMA	FLORENCE	DISHARO		OF DEATH	11			60
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED				9. AGE (In years lost birthdoy)	Months Day	-	24 HRS. Min.
Female	White	WIDOWED DIVORCED	□ Aug.	15,1860		IOO yrs.	Months Day	5 110015	Will.
10a. USUAL OCCUP	ATION (Give kind of work of working life, even if retired)	lone 10b. KIND OF BUSINESS OR	INDUSTRY 11. BI	RTHPLACE (Stote	ar foreign co	untry)	12. CITIZEN	OF WHAT COL	JNTRY?
House		Own Home	ı	Maryland			U.	S.A.	
13. FATHER'S NAME				HER'S MAIDEN	NAME				
Josuha	Turner		T T	Jnknow					
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT			Add	ress		
no	***	None	Mrs. T	,B. Mumf	ord-S	ame			
gove rise to cause (a), state lying cause l	if any, which a immediate ling the under-ost.  DUE TO  Out to		Fatore	sclro	tes	Person	Desi	and,	
PART II.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING TO DEAT</u>	TH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART 1(a	19. WAS AU PERFORM YES 1	MED?
	WAS UNDERLYING TING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter no	ture of injury in	Port I ar Port	II af item 18.)			
Haur o.	NJURY Manth, Doy, Yea m. 19	20d. INJURY OCCURRED While Nat while at work at work	20e. PLACE OF INJ factory, street,	URY (Hame, farn affice bldg., etc		ar tawn)	(Caun	(y)	(State
saw the dec	ceased alive an	attended the deceased f	that death acc	urred at		1 11	0, 19 nd an the do	ite stated a	bave
220 SIGNATUR	mitte	lel	M.D. PHYS		RECTOR [	STAFF PHYS.		11/16	DATE
ZZc. PHYSICIAN NAME (Typ		tchell		aryland	Ave.,	Salisbur	y, Mary	land	
23a. BURIAL, CREM, REMOVAL (Spe Burial	23b. DATE THEREO					oint, Ma		(State)	
24. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS		250. REC	D BY REGISTE	RAR 2Sb. REGI	STRAR'S SIGNA	TURE	
Hill &	Johnson Co.	Salisbury, MAry	land	DATEOU	1 8 '60	0.1	04		

DATE OV 1 8 '60

Outling & Krome

the funeral director, and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. sined by the haspital ar attending physician. VR A15 (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 %

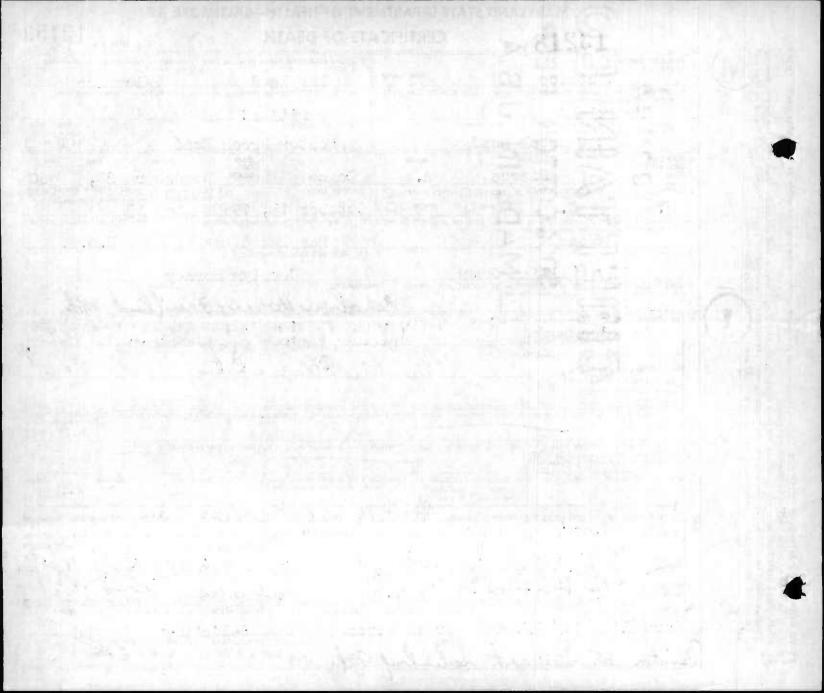
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		andrew Napitalia	
47/4/1		11 00	
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Busices ( Total )	( , 4) Francis		
heleson dai	on Local American		4. 英语
			. D. 4-940 F. C. 14-14-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the deoth certificate

VS A15 (4)



TO DEP LY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

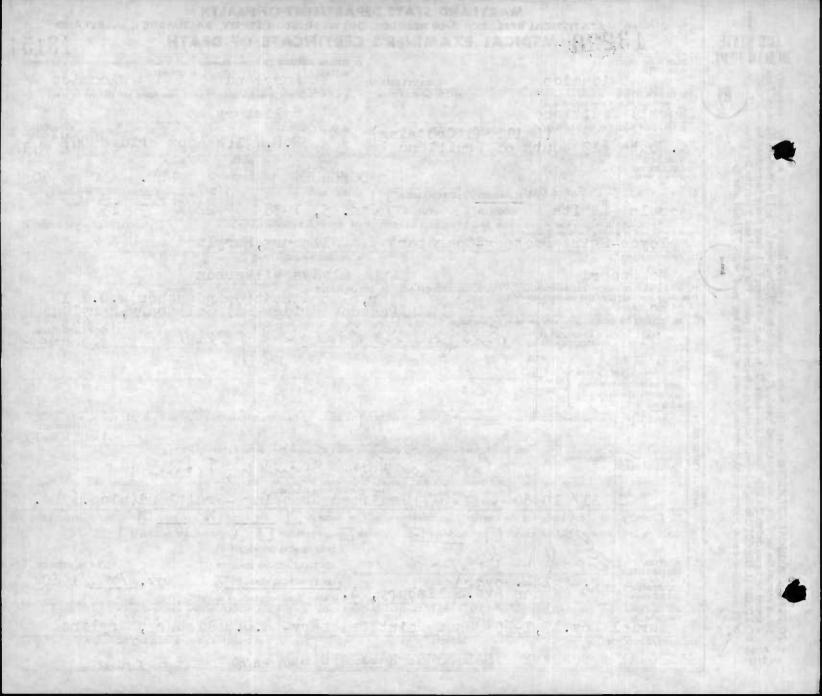
SM 7/59

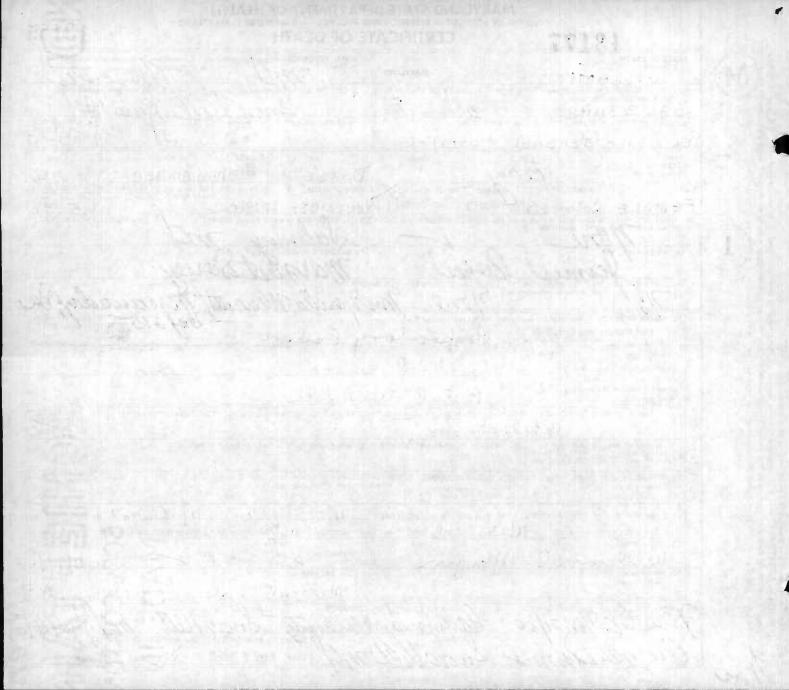
M

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13220 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 13154
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence bafora admission)
Wicomico Maryland	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(Rural) Fruitland	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION IF not in hospital give street address )	d. STREET ADDRESS  e. IS RESIDENCE
Md. Route #13 South of Fruitland	R.D.# 1(Meadow Bridge Rg No
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) FAYE	DONOHUE DEATH NOV. 10 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	an. 25, 1938   22 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Employee-Shirt Factbry "Operator"	Salisbury, Maryland   U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
No Record	Gladys Wilkerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no., or unkown) (Ifyasgive war or dates of service)	NFORMANT Elwood West(Grandfather)R.D.# 1
100 (Me	ádow Bridge Rd) Salisbury, Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	F I POLL INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tracture 7 SKull Swader
DUE TO	
Conditions, if any, which (b)	
gave rise to immediata causa (a), stating the underlying  DUE TO	
cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTIONS CON	YES NO X
208. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURED. (E.	nter natura of injury In Part I or Part II of item 18.)
1 2 1 2 1 2 1 2	sho-Struckly Train
	CE OF INJURY (Homa, farm, 20f. (Cfly or town) (County) (Stata)  ory, street, office bldg., atc.)
Hour a.m. 11/ 1019 60 While Not While Reil	road Crossing -Fruitland (Wico.) Md.
21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: // Natural causes, Accident, Suici	de, Homicide, Undetermined manner
1 8 0 . 7	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Dr. Earl L. Royer	DEPUTY MEDICAL EXAMINER NOV. /7 /1960
NAME (Type) 407 Camden Ave. Selisbury,	Md . Addrass (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)
Burial Nov.13,1960   Shad Point	Cemetery- R.D. Salisbury, Maryland
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAR	YI AND DANOV 16'60 Oction 8 thousand

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W	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
d	13178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 1315
M	1. PLACE OF DEATH o. COUNTY  Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE  Maryland  Maryland  Wicomico  Maryland  Maryland  Maryland  Micomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
083	Peninsula General Hospital
	3. MAME OF First Middle Last 4. DATE Month Day Year OF (Type or print) Pienre Fleignberger Jr. DEATH 17-5-60 19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1925 9. AGE (In year) FUNDER 14EAR IF UNDER 24 HR
SLINE.	M WIDOWED DIVORCED ET NOV. 23, 1929 35 yrs.
	100. USUAL OCCUPATION (Give kind of work done of the line)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Printer Marvland USA
	3. FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
	[Ver. no. or without of War # 2   Mrs. Thelma Hickman Salisbury, Md.  [18, CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
V	Conditions, if any, which gove rise to immediate cause (a)  Conditions, if any, which gove rise to immediate cause (b)  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost.  Conditions, if any, which gove rise to immediate cause (b)  Crushed left chest  Course lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO VERY ARRENT NOT CONTRIBUTING CAUSE WAS CONTRIBUTING CAUSE OF DEATH.
	Initing con that ran out of control hit nois and t
da	2:35 A. M. 11-5-60 work W Highway Salisbury Wicomico Md
.)	21. I certify that I taok charge af the remains described above, held an Autapsy, (Inspection
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
avol.	EXAMINER'S  ASSISTANT MEDICAL EXAMINER
	NAME (Type)  Rarl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 7 1-8-60  220. BEHOVAL (CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
2 Of	BUT 18.1 (Specify) 11/6/60 Dale Whaleville Ma  23. FUNERA DIRECTOR'S SIGNATURE (24b. REGISTRAR'S SIGNATURE)
17	Leter I frales Sellingelle Mark NOV/0 '60 Crimy S. Kraus

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### 13179

DOCCUPATION (Country)    Country   C	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. City or Town (if outside corporate limits, write RIPAL and give necestary by an expectation give necessary give ne		o. COUNTY MARYLAND	O. STATE MARYLAND b. COUNTY WORCES FER
A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  SERVING OF INSTITUTION  OR INSTITU		b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITA! (If not in hospital. give street address)  OR INSTITUTION  PORCEASED  OR INSTITUTION  OF FIRST  No. 10  OR DEATH  OF FIRST  No. 10  OR DEATH  OF FIRST  No. 10  OR DEATH  OF FIRST  No. 10  OR USUAL OCCUPATION (Give kind of work eight of the country)  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 2. CITIZEN OF WHAT COUNTRY?  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 2. CITIZEN OF WHAT COUNTRY?  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 3. FATHER'S NAME  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 3. FATHER'S NAME  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 3. FATHER'S NAME  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 4. MOTHER'S MANDEN NAME  OR USUAL OCCUPATION (Give kind of work eight of the country)  I. 5. WAS DECRESS 10 kind of work eight of the country eight of the country eight of work eight of the country eight		C'- i 7 i Manie	POCOMOKE CITY 2 342 0
3. NAME OF DECEASED IN THE PROPERTY OF STATE OF		d NAME OF HOSPITA (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
DECASED (Type or print)    19	1		
Type or print	3.	NAME OF First Middle	
DIVORCED	L	(Type or print) WILLIAM M.	Tleming DEATH November 14 1960
100. USJAL OCCUPATION (give kind of work done done)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPDCE (Store or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. BIRTHPDCE (Store or foreign country)   12. CITIZEN OF WHAT COUNTRY?   14. MOTHER'S MANGEN NAME   14. MOTHER'S MANGEN NAME   14. MOTHER'S MANGEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).   18. CAUSE OF DEATH   LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING   CAUSE OF DEATH   19. WAS AUTOPSY PERCAMED?   19. WAS AUTOP	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s
during most of working life, even if refried)    MBER   PENNSYLVANIA   U.S.	1	Male White WIDOWED   DIVORCED	1
13. FATHER'S NAME   14. MOTHER'S MANGEN NAME   14. MOTHER'S NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   19. WAS AUTOPSY   19. CONTRIBUTION   19	10	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDI-	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TIS. WAS DECEASED EVER IN U. S. ARMED FORCES?  TO ARCHITECTURE SIGNAL IN U. S. ARMED FORCES.  TIS. WAS DECEASED EVER IN U. S. ARMED FORCES.  TIS. WAS DECEASED EVER IN U. S. ARMED FORCES.  TO ARCHITECTURE SIGNAL IN U. S. ARMED FORCES.  TO ARCHITECTURE SIGNAL IN U. S. ARMED FORCES.  TIS. WAS DECEASED TO ARCHITECTURE ON THE ARCHITECTURE OF THE U. S. ARMED FORCES.  TO ARCHITECTURE SIGNAL IN U. S. ARMED		di ana li tar	PENNSYLVANIA U.S.A.
15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Addre	13	FATHER'S NAME	14. MOTHER'S MAINEN NAME
15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Addre	1	WILLIAM E. FLEMING	ELIZABETH SPROUL
18. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under: lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)  21. I certify that (I) (this haspital) attended the deceased fram.  21. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. DATE SIGNED  22. SIGNATURE  22. DATE SIGNED			INFORMANT Address
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).	1	11- 120 12 1270 4	ORS MARY M. FLEMING DOCOMOKE CINY M
DUE TO  Conditions, if ony, which gave rise to immediate couse (o). Stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES PREFORMED? YES PROPOSED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of wo	F		INTERVAL BETWEEN
DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under:  lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES PER			
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Medical Examiners (If Either, Notify Medical Examiner)  20c. TIME OF INJURY Month, Doy, Year While of work			
gave rise to immediate couse (a), stating the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year Hour a.m., p.m., 19 While at work at wark 19 While at work at work 19 while at work 19 work at work 19 work at work 20. Injury of the deceased from 19 while at work 19 work at work 20. SIGNATURE 22c. PHYSIGIAN'S NAME (Type)  22d. ADDRESS  NAME (Type)  22d. ADDRESS  DIRECTOR 19 PHYS. 19 COLUMN AUTOPSY PERFORMED? YES 19 WAS AUTO		Conditions if any which )	
Part II. OTHER SIGNIFICANT CONDITIONS   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED? YES   OC		gave rise to immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year 19   20d. INJURY OCCURRED while   20e. PLACE OF INJURY (Hame, form, foctory, street, affice bldg., etc.)   20f. (City or town) (Caunty) (State)   20f. I certify that (I) (this haspital) attended the deceased fram.   19   20f. ta   19   20f. ta   19   20f. that (I) (we) last saw the deceased alive an   19   20f. and that death accurred at 3   3   3   4   4   5   5   6   6   6   6   6   6   6   6		coose (a), staring the under-	
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work   19	2	(6)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALITOPSY
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work   19	ATIO	TAN III O HIER SIGNIFICATI CONDITIONS CONTRIBUTING TO BEATTI	PERFORMED?
20c. TIME OF INJURY Manth, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, farm, foctory, street, affice bldg., etc.)   20f. (City or tawn)   (Caunty)   (State)	i ii	20- ACCIDENT WAS INDEPLYING TO 120h DESCRIPE HOW INTERPLY OCCUPE	
21. I certify that (I) (this haspital) attended the deceased fram. 1 - 4 19.00, ta 10.00, that (I) (we) last saw the deceased alive an 1 - 14 19.00, and that death accurred at 8.60, from the causes and an the date stated above 22a. SIGNATURE  22b. DATE SIGNED PHYS.   STAFF PHYS.   SIGNED PHYS.   22b. ADDRESS   22c. PHYSICIAN'S   22d. ADDRESS   22d.		(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Ellier native of impry in for fact it of new tot)
21. I certify that (I) (this haspital) attended the deceased fram. 1 - 4 19.00, ta 10.00, that (I) (we) last saw the deceased alive an 1 - 14 19.00, and that death accurred at 8.60, from the causes and an the date stated above 22a. SIGNATURE  22b. DATE SIGNED PHYS.   STAFF PHYS.   SIGNED PHYS.   22b. ADDRESS   22c. PHYSICIAN'S   22d. ADDRESS   22d.	ACIO	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P	
saw the deceased alive an 1-14-19 and that death accurred at 3 m, from the causes and an the date stated above.  22a. SIGNATURE  22b. DATE  22b. DATE  21b. DATE  22b. DATE  21c. PHYS. CIAN'S  22c. PHYS. CIAN'S  NAME (Type)  22d. ADDRESS	AAFF	p. m. 19 While Not while of work at work	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
saw the deceased alive an 1-14-19 and that death accurred at 3 m, from the causes and an the date stated above.  22a. SIGNATURE  22b. DATE  22b. DATE  21b. DATE  22b. DATE  21c. PHYS. CIAN'S  22c. PHYS. CIAN'S  NAME (Type)  22d. ADDRESS		21. I certify that (I) (this haspital) attended the deceased fram	11-41 1990 to 11-(4 1900) that (1) (we) last
22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS	h		- 1/4
22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS			22b. DATE
NAME (Type)		Willow R. Ellest	M.D. PHYS. MED. STAFF PHYS. SIGNED
WILBUR R. ELLIS SALISBURY, MARYLAND			22d. ADDRESS
			SALISBURY, MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COMMISSION (City, town, or county) (Stote)	2		
BURIAL 11-17-60 ST. MARY EPISCOPAL POCOMOKE CITY MARYLAND			PISCOPAL POCOMOKE CITY MARYLAND
24. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	2		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert H. Watern POCOMOKE CITY MD. DATE NOV 21 60 Collar & Trans	D	Robert H. Watern POCOMOKE CI	NOV 21 60 Cultury 2, Times

may be revained by the haspital ar attending physician.

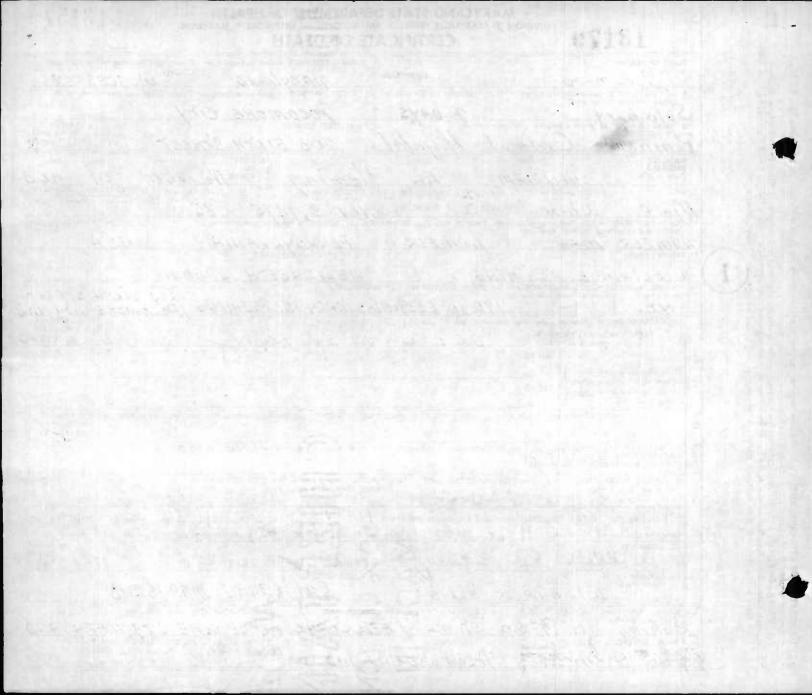
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5y the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any eventy within 2 hours after death.

SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h.

TO HOSPIT

VR A15 (4) 1SM 9/S9

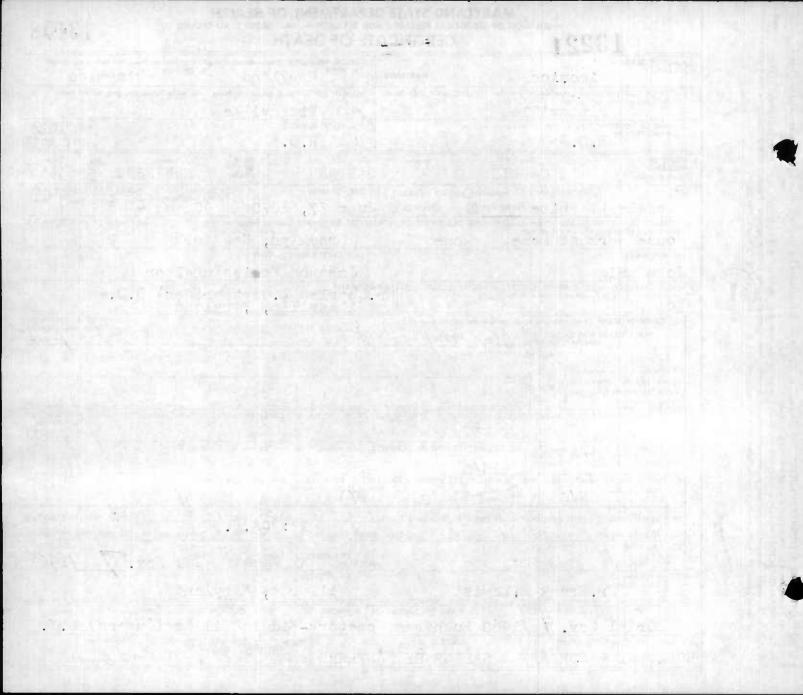
after death. Page 4



(Stote)

4 5.5			3066						
n. Page 4 I director, filed with		1. PLACE OF DEAT o. COUNTY	Wicomico	,	AARYLAND	2. USUAL RESIDENCE (Who. STATE Mery]	L C	institution: Residence bounty Wico	
be be	M		VN (If outside corporate limitive nearest town) Pittsvill		STAY IN 16	Pitts		write RURAL and give	nearest town)
ofter d by the fund 1 2 shauld		d. NAME OF HO OR INSTITUTI	OSPITAL (If not in haspital, g	give street address)		d. STREET ADDRESS R.D.#	Burrier.		IS RESIDENCE     ON A FARM?     YES    NO
hin 24 % y filled in 5 ages 1 and death.	A	3. NAME OF DECEASED (Type or print)	Fir CAF	RRIE M	iddle (	Lost GARTNER	4. DATE OF DEATH	Month NOVEMBER	Day Yeor 5 1960
campletely f capers. Pag turs after dec		5. SEX Femal		7. MARRIED NEVER M		June 27, 18	70 9. AGE (Ir last birt 90		EAR IF UNDER 24 HRS ys Hours Min.
executed and camp an paper an paper an paper and an	H	_during most of	PATION (Give kind of work working life, even if retired Work at Hon	)	SS OR INDUS		or foreign country) , New Yor		S A
on on or corbo		13. FATHER'S NAMI				14. MOTHER'S MAIDEN N			
physician imove car	1	John E				Johanna M			
death certificate ttending physicia please remove co	1	1S. WAS DECEASED (Yes, no, or unknown)	DEVER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16. SOCIAL SECURIT	Y NO. IZ. IN	Charles L. Pittsville	Gartner(S	Son) R.D.	#
y the attency Then plea		THE RESERVE TO A SECOND SECOND	DUE TO	Chr. my	Degi	ditis			INTERVAL BETWEEN ONSET AND DEATH 3-5-years
on.  n signed b isit permit.		gove rise ( cause (o), sto lying cause (	/ //	:)					
physici physici tas bee ial-tran	0	PART II.	Statetts n	iditions <u>contributing t</u>	O DEATH BUT	NOT RELATED TO THE TERMI	nal disease conditi	ON GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
ending ficate h the bur			T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJU	RY OCCURRED	). (Enter nature of injury in f	Part I or Port II af item	18.)	
PHYSIC al ar att this certi r use as		Haur a	NJURY Month, Day, Yes	or 20d. INJURY OCCURRED While Not while at wark at wark	20e. PLA fac	CE OF INJURY (Home, farm tary, street, office bldg., etc.	)	V/A	nty) (Stote
NDING e haspit : After ched fa Ith priat	1		that (I) (this haspital ceased alive an 20-			eath accurred at 3	OA M the cause	ses and an the d	that (I) (we) last ate stated above
OR ATTERING by the DIRECTOR III be deta		JEA	up Lewis	2		A.D. PHYS. ATTENDING MI			7 /1960 7 /1960
Shau shau		22c. PHYSICIAI NAME (Ty	or. Frank I	R.Lewis		22d. ADDRESS Willards	, Marylar	nd	
HOSP oy be FUNE age 3 e Stat		230. BURIAL, CREM REMOVAL (Spo	AATION, 23b. DATE THEREC			e crematory emetery-Mid	23d. LOCATION (City, dle Villa		(Stote) N.Y.
5 5 g =		24. FUNERAL DIREC	CTOR'S SIGNATURE	ADDRESS		25a. REC'	OV 9 '60 25	b. REGISTRAR'S SIGNA	
VR A15 (4)		HOLLOWA	Y & COMPANY	Y SALISBU	RY MAI	RYLAND DATE	010	arthur S. 1	Traves

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13180

13159

20200	
1. PLACE OF DEATH a. COUNTY  MICOMICO  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY /// Com/CU
b. CITY OR TOWN (If auside carporate limits, write RURAL and give nearest town)	b c. CITY,OR TOWN (If outside carporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION China Sula Gen. 1180112	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO!
3. NAME OF DECEASED (Type or print) GLZLYS First Middle	GAHIS OF November 24 1960
5. SEX 6. COLOR OPPRACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost buriday) Months Daws Hours Min
10a. USUAL OCCUPATION (Give kind af wark done during mast af warking life, even if retired)	IDUSTRY 11. BIRTYPLACE (Spale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John Wainwxi9ht	14. MOTHER'S MAIDEN NAME LVE VN JONES _ 1.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, 10. of unknown) (If yes, give wor or doles of service) 19-05-351)	7. INFORMANT LOUISE WEIMWYIGHT PRESIN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	O-DNOUMONIA SUNA.
Conditions if any, which ) (b) PUNONAL	24 Metastatic Carcinoma 3 month
gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  CC  Adender	CINOMA BREAST 2 YEARS
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA\$ AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I ar Port II af item 18.)
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. 19 While Nat while at wark at wark	PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased fra saw the deceased alive an 24 001 1960 and the	m. 17 NOV. 1978 to 24 NOV. 1960 that (I) (we) last at death accurred at 1878, from the causes and an the date stated above.
200 SIGNATURE ALL AREN AREN AREN	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.   11 25 60.
MEDAROH SAUNDERS	22d. APPRESS NAWTICO KE Md
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23g NAME OF GEMETER	Y OR CREMATORY  194 LOCATION (City, town, ar caughy)  (State)
24. FUNERAL DIJECTOR'S SIGNATURE, BIVELLE NODRESS	25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE  DATE  25b. REGISTRAR'S SIGNATURE  Cuthing S. Krong

after death. Page 4 may be reformed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, or remayal, and in a k event, within 72 haurs after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his

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TO HOSPIT VR A15 (4) 15M 9/59

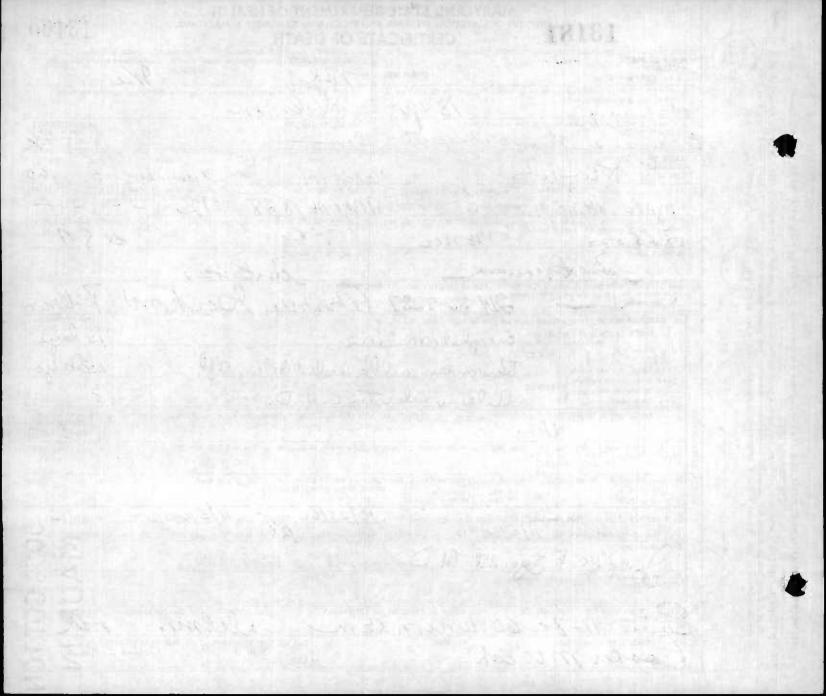
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		Section 1

VR A15 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 1318 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13160

1. PLACE OF DEATH a COUNTY Wilcomico	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institut b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR YOWN (IF	outside corporote limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL/If not in hospital, give stre OR INSTITUTION  LILLING SENERAL	Hapetal	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Put tus	Middle	Shor AM	4. DATE MO OF DEATH Mover	0-1-1-1-
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Mor 14 18	9. AGE (In years bythdoy) yrs	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 duning most of working life, even if retired)	16. KIND OF BUSINESS OR INDU	STRY 11. 8IRTH#LACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sont from	~	14. MOTHER'S MAIDEN	n Knows	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give war ar dotes of service)	6. SOCIAL SECURITY NO. 17. 11 14-36-5287	Venni	Soch	m Palmon
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	Alm		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate	Sun siedmu	De Cerebral a	they aft.	15days
couse (a), stoting the under- lying couse lost.	Jeisroley	tic. V. D		3
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour o. m. Whi	-1	ACE OF INJURY (Home, fari ctory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this hospital) atte	( 1)	/3"	0	nd an the date stated above
For C. F. Squ	a.M.D	M.D. PHYS.	AED. STAFF PHYS	22b. DATE SIGNED
22c. PAYS CIAN'S NAME (Type)		22d. ADDRESS		
230 (BURIAL, CREMATION, 23b. DATE THEREOF SELECTION //- 8 - 60	23c NAME OF CEMETERY C	Cem-	23d. LOCATION (Gity, town,	or county) (State)
24. FUNERAL DIRECTORIS SIGNATURE	ADDRESS	2So. REC	D BY REGISTRAS 0 256. REG	ISTRAR'S SIGNATURE



# MARYLAND STATE DEPARTMENT OF HEALTH 13182 CERTIFICATE OF DEATH

13161

CERTIFICATE OF DEA	TH
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	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	(A) is pmiss	MARYLAND	O. STATE MARYLAND B. COUNTY WORCESTER
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	5 DAYS	POCOMOKE CITY
	d. NAME OF HOSPITAL (If 64 in haspital, give street	address)	d. STREET ADDRESS e. IS RESIDENCE
1	Peninsulturion LA General	L Hospital	11 CENTRAL AVENUE YES NO NO
	3. NAME OF First	Middle	Last 4. DATE Month Day Year
	(Type or print) MAURICE	WILLIAM	OF.
	THINANICC		B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		KIED EN THE TEN THE KIND IN	lost birthdoy) Months Days Hours Min.
	male White WIDOW		OC1, 21, 1902 58 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	
	CONDUCTOR	RAILROAD	MARYLAND US.A.
١	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	EDWARD GRAY		JENNIE MASON
k		SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	(Yes, no. or unknown) (If yes, give war or dates of service)	m	RS ADA B. GRAY DOCOMORE CUTY MID
-	IB. CAUSE OF DEATH   Enter only one cause per li	ine for (a) (b) and (c) }	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		onset and DEATH
	IMMEDIATE CAUSE (o)	Length Con	surge surge
	HAD DUETO	ivan da	Mel. and Committee of the committee of t
	Conditions, if ony, which (b)	or open of	a with cerosis
	couse (o), stoting the under-		
	lying couse lost. (c)		
	PART IL OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		sema + fitros	is. Mesenteric Krombosis VEST NO
H	20a. ACCIDENT WAS UNDERLYING 1 20b DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	Hour a.m. While at war	Nat while	ctory, street, office bldg., etc.)
			11 1 11 17 11 17 11 17
	21. I certify that (I) (this haspital) attend		040
	saw the deceased alive of	19, and that a	death accurred at Z. M., from the causes and an the date stated above.
	1220. SIGNATURE		ATTENDING MED. STAFF SIGNED STAFF
		ner	
4	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS
	DAVID J. G	ILMORE	SALISBURY, MARYLAND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	23d. LOCATION (City, town, or county) (State)
	BURIAL 11-8-60	SALEM N	NETHODIST IBCOMOKE CITY, MARYLAND
	24. FUNDRAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Thempst Walson	Pocomoke Ci	TY, MD, DATE NOV 9 '60 Cirthur S. Krous

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	See the first	
10 N 10 10 10 10 10 10 10 10 10 10 10 10 10		
Date of San	Mark to Mark	
	and the second second	

CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY	,

with filed

director funeral N. pup filled in

Poges deat campletely after papers. haurs puo pou Car 2 physician remave attending please any

deoth certificote

by Ē gned per been sig burial-transit physician ottending certificate the SD for After detoched moy be retained by the H FUNERAL DIRECTOR: A

20

cremation,

State

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico Maryland MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL ond give negrest town) Salisbury Salisbury d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? S.Division St 610 S.Division St YES NO TX NAME OF 4. DATE Month Middle Year DECEASED OF DEATH HART.AND HOLLOWAY NOVEMBER B 29th1960 (Type or print) 7. MARRIED | NEVER MARRIED | WIDOWED | IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH lost birthdoy) Days Hours Male White June 2,1903 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Operator of Own Garage 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) S Delmar, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caldwell F. Holloway Ada A. Hastings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO Mrs. Ada A. Holloway (Mother) 610 S. Div. St No Salisbury Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Month. (County) foctory, street, office bldg., etc.) a. m While Not while at work of work ta Nov. 25, 1800 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ , and that death accurred a M, from the causes and an the date stated above. saw the deceased grive an 22a. SIGNATURE SIGNED STAFF PHYS. DIRECTOR [ M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typ Dr. Robert T. Adkins Fruitland, Maryland 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Dec.1.1960 Forest Grove Cemetery\_R.D.# Parsonsburg, Md. 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE DATE DEC 1 HOLLOWAY MARYLAND Cirthun & Kraus COMPANY SALISBURY

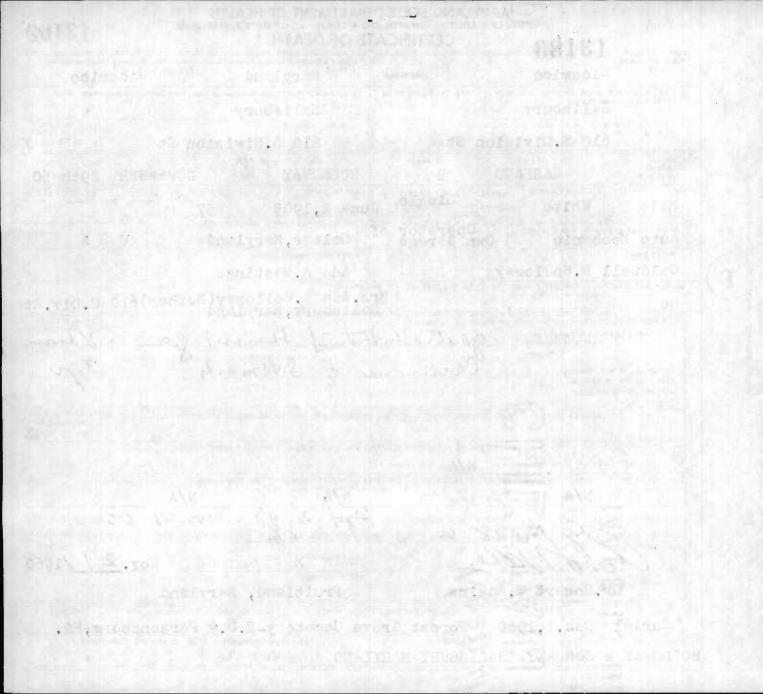
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### CERTIFICATE OF DEATH

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			Reg.	Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECE	ASED
COUNTY Wicomico	MARYLAND	STATE Ma.	COUNTY W	tromico
CITY (If outside corporete limits, write RURAL OR end give neerest town) TOWN Wardela	LENGTH OF STAY (in this plece) 84 VTS		e limits, write RURAL end gi	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge St	. & Athol Rd.	STREET	e St. & At	
3. NAME OF (First)	(Middle)	(Lost)	4. DATE (Month)	(Day) (Yaer)
(Type or Print) Cora	Elizabeth	Hopkins	DEATH NO	v 14 19 60
	LE, MARRIED, 8. DATE	OF BIRTH 9.		UNDER 1 YEAR   IF UNDER 24 HRS
	OWED, DIVORCED, OCT	2, 1876	84 yrs. Mor	nths Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) POSUMISURES	10b. KIND OF BUSINESS OR INDUSTRY US . GOVT .	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
1). FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Noah Bennett		mary Brad	ley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADI		
(Yas, no or unk.) (If Yes, give wer or dates of servi	No No	Mrs. Flor	ence Benne	tt. mardela.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO THE DEATH BUT NOT RELATED TO THE	Gormany (	Ichusim		ONSET AND DEATH
DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING   21b. PL. OR CONTRIBUTING   CAUSE OF DEATH OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fectory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (He	Our) 21e. INJURY OCCURRED While Not while of work	21f. HOW DID INJURY OCCUR?		
H. S. Kuhlman	and that death occurred a	S Karplin	ises and on the date iss (Street, city, town, ste	11/45/Cas
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL NOV 1	7-60 Mardela			wid.
24. REC'D BY REGISTRAR REGISTRAR'S S	S. Frank	25. FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS
DATE NOV 18'60 arilan.	A. Turne	Smith Funer	21 Home Sh	arntown

INSTRUCTIONS

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

rithin 24 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed a The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

#### CERTIFICATE OF DEATH

Take Like 8	A STREET, STRE	Z I PANTELS W	
			THE WASHINGTON
02/02/03			
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	The state of the s		TO SHARE APPLICATION OF THE RELEASE OF THE PARTY OF THE P
	PERSON NA		
			The state of the s
	TO STATE OF THE PARTY OF THE PA		
	· Andrews and war		
and the least of the			South Street and Walter would be die
			A State of the second s
	The same about the same of the		
			Alberta Barrier

13164

Page 4	director, led with	(
death.	funeral old be fi	1
after	y the 2 shar	
TO HOSPITED ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 handster death. Page 4	may be refusined by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 2 hours ofter death.	

after death. Page 4

	13184		CERTIFI	CATE	OF D	EATH					19104
1. PLACE OF DEATH	comico		MARYL		USUAL RESI o. STATE	Mary Mary		l lived. If inst b. COU	itution: Reside	once before	
RURAL ond give r	(If outside corporate limited lawn)	its, write c. LE	NGTH OF STAY II	N 16	c. CITY OR		sbury		ite RURAL ond	give neare	est town)
	TAL (If not in hospital,	give street oddre	ss)		d. STREET A	ADDRESS	Pond				IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	NET)	rst PIE	Middle MARY	H.	URLEY		4. DATE OF DEATH		Month EMBER	Day 1	Year 9 1960
s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED		ct. 2		83	9. AGE (In yellost birthdo	py) Months		F UNDER 24 HRS. Haurs Min.
House Wo	ON (Give kind of work rking life, even if retired ork at Hor	1)	of business or None	INDUSTRY			or foreign co		12. CI	U S	WHAT COUNTRY?
James A.	Wilson				Mati	ilda	Lingo				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of		AL SECURITY NO.	17 INFOR	MANT Benja Sali	min	F. Hur	ley(H	Address USDEN	d)30:	l Pond
Canditions, if gove rise to cause (a), storing lying cause lost	the <u>under-</u>	) )	RIBUTING TO DEA	TH BUT NOT			INAL DISEAS		I GIVEN IN PA	RT 1(a) 19	. WAS AUTOPSY PERFORMED?
I ≃ I OR CONTRIBUTIN	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter nature o	of injury in	Part I or Par	t II of item 1B	.)		YES NO X
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye N/A 19		Not while		OF INJURY street, office		n, 20f. (City	or lown)	N/A	(County)	(State)
saw the decer 22g Signature 22c. Physician's	at (I) (this haspita seed alive an.	11/1/	he deceased f		ATTENDIN	IG 🔉 M	M, from	the causes	/		ot (I) (we) last stated abave. 22b. DATE SIGNED /1960
NAME (Type)  23o. BURIAL, CREMATI	Dr. Andrew		chell	TERY OR CR		/land			Sbury	•	yland (Stote)
REMOVAL (Specification of the second	Nov. 22		Vicomico ADDRESS	Mem	.Parl	1	Sali	×	, Mary		
	& COMPAN	Y SAI	ISBURY	MARY	LAND		V 2 2 '60		Ithur S.		

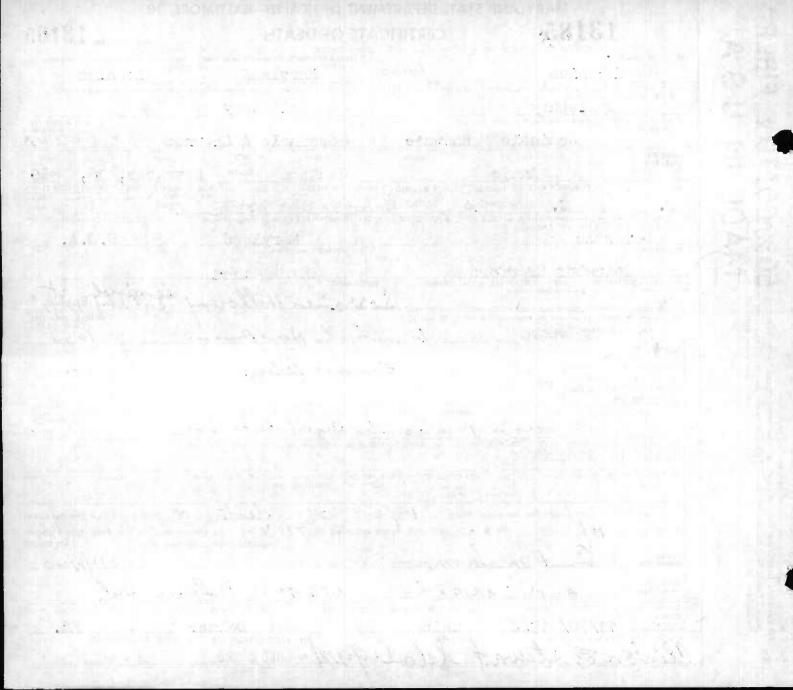
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		and the second of the second	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13185

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 13165

1. PLACE OF DEATH o. COUNTY Wi	comico		MARYLAND	2. U	SUAL RESIDENCE (WH. STATE Maryl		ed. If institut b. COUNTY			sion)
RURAL and give ne	f outside corporate limi arest town) alisbury	its, write c.	LENGTH OF STAY IN 16	C	CITY OR TOWN (If o	sbury	limits, write I	RURAL and giv	ve nearest taw	n)
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street addr	ess)	-	STREET ADDRESS	2202			e. IS RES	SIDENCE
OR INSTITUTION	Semino	le &	Shawnee		Seminol	e & Sha	awnee			FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Moi	nth	Day	Year
(Type or print)		nie			Jackson	OF DEATH	Nove	mber,	26,	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH	9. 4	GE (In years ost birthdoy)		YEAR IF UND	T
F.	C.	WIDOWED	_		ntembe r	4.1863	97/13.	Months	loys Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. KINI	O OF BUSINESS OR INDE	USTRY	1. BIRTHPLACE (Stote	or foreign count	у)	12. CITIZE	N OF WHAT	OUNTRY?
Domes					Mar	yland		J	J.S.A.	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	AME				
N Col	umbus Cro	brotwo			Micie	Burri	C			
75. WAS DECEASED EVER	R IN U. S. ARMED FOR		IAL SECURITY NO.	INFOR	MANT	0.0		iress /	.00	1
No '	in yes, give wor or outes or s	atores,	(	243	raine A	allons	and Al	emin	J'an	D.
18. CAUSE OF DEA	TH [Enter only one co	use per line fo	r (o), (b), and (c).]		1	0.2000	7		INTERVAL BE	TWEEN
PART I, DEATH WAS CAUSED BY:									ONSET AND	DEATH
420	IMMEDIATE CAUSE (6) Marinschooler Hand Orsen 10 grs									
Condition	TAO DUE TO									
Conditions, if ony, which gave rise to immediate (b)									152	
	couse (o), stating the under DUE TO									
	Lying couse lost.   (c)   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY									
E FAM III. OIL	EK SIGNIFICANT CON	DITIONS CON	RIBUTING TO DEATH BU	F	D. THE TERMI	NAL DISEASE CC	INDITION GI	VEN IN PART I	PERFC	DRMED?
00. 466105117.11	ch.	mu /	newson	us	engo i	our 4	-		YES	NO PT
U (IF EITHER, NOTIFY	S UNDERLYING LI CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCURR	ED. (Ent	er noture of injury in f	Port I or Port II o	f item 1B.)			
20c. TIME OF INJURY	Month, Doy, Ye			LACE O	F INJURY (Home, form	20f. (City or t	own)	(Co	unty)	(Stote)
Hour o.m.	19	While of work	Not while of work	octory,	street, office bldg., etc.					
21. I certify the	21. I certify that I attended the deceased from 1/2, 1951, to death, 19, that I last saw the deceased									
alive on	11/	19.6 4	. /	h acci	urred at '73 of					
	17	6	7	,, 400		ADDRESS (Street,				TE SIGNED
ACTUAL SIGNATURE	Ement:	m. to	mor	_M.D.					14/16	20
PHYSICIAN'S NAME (Type)	E. M	LAR	MORE		100 ante	St. Da	lma	e De	e	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	)F 22	. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCATION	(City, town,	or county)	(Stot	ie)
burial 1	1/30/ 196	50	union			Deln	lar		Md	
23. FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	7	/24a. REC'I	D BY REGISTRAR	24b. REGI	STRAR'S SIGN	P 15 NO.	
Clinton	To Xte	wat	Kaliul	w	and DATE DE	C 5 '60	0	Thur & 1	6	
	7,000			1	117	-		WENTER A. J	- Calle	



ofter death. Page 4

## MARYLAND. STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	2	1	6	C
T	U	T	U	U

the attending physician and campletely filled in 5y the funeral director, Then please remove carbon papers. Pages 1 and 2 shauld be fitted with

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPIT

VR A1S (4) 1SM 9/59

	TOTOR		CEKIIII	CAIL	OF DE	AIII					
1. PLACE OF DEATH o. COUNTY	Vicomico		MARYL		o. STATE -		land	ed lived. If instit b. COUN	TV .	once before odm	nission)
RURAL ond give n	(If outside corporate limi nearest town) Salisbury	ts, write	c. LENGTH OF STAY IN	N 16	11		sbur	orote limits, writ	e RURAL and	give nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION		ive street	address)		d. STREET AD		Ohio	Ave.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir CHARI		Middle LEE	JOH	NSON		4. DATE OF DEATH		MONTH MBER	Doy 3rd	Yeor
s. sex	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		ate of Birth	1, 1	874	9. AGE (In year lost birthdo		Days Hou	_
100. USUAL OCCUPATE during most of wor Retired	ON (Give kind of work rking life, even if retired Furnature	)	KIND OF BUSINESS OR	INDUSTRY				Maryl		U S A	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S A						
James Jo	Ohnson Er in u. s. Armed for	crea la	COCIAL OFCURITY NO	17. INFOR		Eli	zbbe	th Shoo	ckley		3
(Yes, no, or unknown) UNK	(If yes, give war or dates of s		SOCIAL SECURITY NO.		Harrie Ave			rson(D		er)307	Ohi
Conditions, if gove rise to couse (o), storing lying couse lost.  Part II. OT	the <u>under-</u> DUE TO		C, V,	A,	C RELATED TO 1	THE TERM	INAL DISEA	SE CONDITION	GIVEN IN PA	RT 1(o) 19. WA	AS AUTOPS
PART II. OT	/AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of	injury in	Port I or Po	rt II of item 18.)			FORMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER)		N/A								
20c. TIME OF INJU Haur a. m. p. m.	N/A 19	ar 20d. I While of wor	Nat while	PLACE foctory	OF INJURY (H., street, office	ome, form bldg., etc	n, 20f. (Ci	ty or town)	/A	(County)	(Stot
21. I certify th		) attend	ded the deceased f			. 111	M, fram	/		E.C. that (I se date stat	ed abave
22a. SIGNATURE	Mary 1	6	mith	M.D.	-	D D	ED.	STAFF PHYS	No	v.4	22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Dr.Willia	am B.	.Smith		Salis		y, Ma	ryland			
23a. BURIAL, CREMATI REMOVAL (Specify Burta		0F 960	23c. NAME OF CEMET		etery		-	ATION (City, tow W H111	, Mar	yland	itote)
24. FUNERAL DIRECTO			ADDRESS				D BY REGIS		EGISTRAR'S S	1.0	
HOLLOWAY	& COMPANI		SALISBURY	MARY	LAND	VOMAD	7 '60	a	Thur S. 1	Thank	

	ASSESSED AND STREET
E-EVILLET, AND THE STREET	

# FOR STATE HEALTH DEPT.

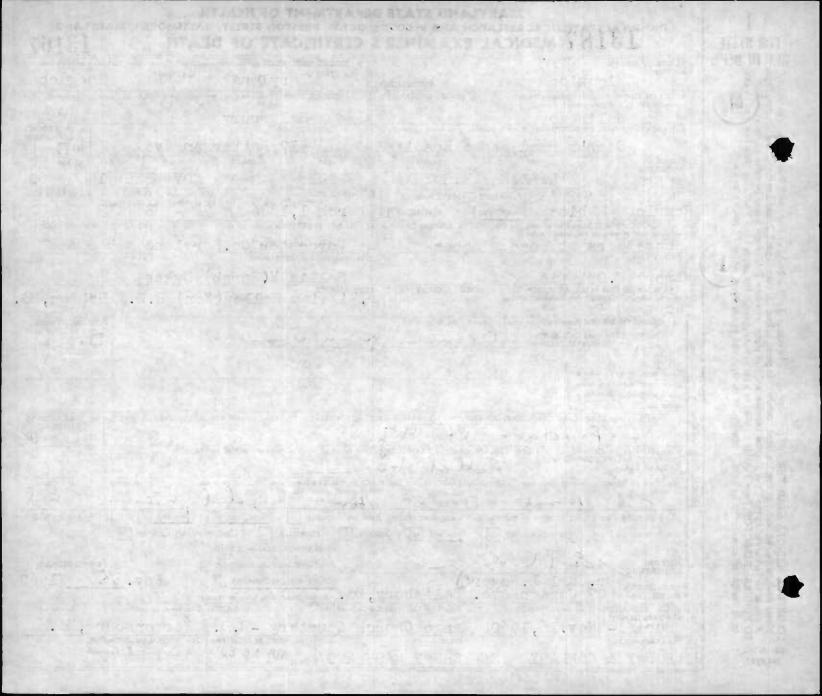
TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an the piecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funds a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boars of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 131

67

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)						
	a. COUNTY Wicomico MARYLAND	a. STATE Mary Band b. COUNTY	Wicomico						
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest lown)	CITY OR TOWN (If outside corporate limits, write RURAL and	give naarest town)						
	Salisbury	Salisbury							
Г	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
1	Deer's Head State Hospital	417 Patterson Ave	YES NO NO						
1	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month	Day Yaar						
1	(Type or print) LILLE VIRGINIA	KELLEY DEATH NOVEMBER	14 19 60						
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y							
	Female   White   wIDOWED   DIVORCED	March T, 1000   14 Aur   0	Ys3 Hours Min.						
	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan If ratirad)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?						
	House Work at Home None	Worcester Co. Maryland	USA						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
X	Emory E.Griffin	Sallie X(Sarah) Dykes							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown)   (Ifyasgivawarordalesofservica)	William Kelley(Son) R.D.#	Uebnes Md						
T	NC	. william verifeh (2011) u.D.#	neoron, na.						
	18. CAUSE OF DEATH [Enter only one cause pardine for (a), (b), and (c).]	~	INTERVAL BETWEEN						
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
ı	904 DUE TO								
1									
	gave risa to immadiata cause	Conditions, if any, which (b)							
	(a), stating the underlying DUE TO								
	cause last. J (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?						
	Fracture Rt. Ho V								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING PART II.  201. DESCRIBE HOW INJURY OCCURED (B. CAUSE OF DEATH.	entar natura of injury in Part I or Part II of Itam 18.)							
			y) (State)						
4		for Solid Wicam	- nd						
I	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection A, Inquiry A,	and in my opinion						
1	death resulted from: Natural causes , Accident Suic	ide, Homicide, Undetermined manner							
П	1 1 1	CHIEF MEDICAL EXAMINER							
	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
	Dr. Earl L. Royer	DEPUTY MEDICAL EXAMINER NOV.	/1960						
2	2a. BURJAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	CCREMATORY 22d. LOCATION (City, town, or country)	(Stata)						
-	REMOVAL (Spacify)	ch Cemetery -R.D.# Parsonsb							
-	23. FUNERAL DIRECTOR ADDRESS	1 24- DECID BY DECISTRAD L 245 DECISTRADIS SIC	NATURE						
E	JOLIOWAY & COMPANY SALISBURY MARY	YLAND DATE NOV 1 6 '60	isand.						
-									



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any as is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 7/S9

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

T9199 WED	TOAL EXAMINER	J CERTIFICA	IL OI DEAII	19108
PLACE OF DEATH     COUNTY			NCE (Where deceased lived, b. CO	If institution: Residence before admission)
Wicomico	MARYLAND	a, STATE	b. CO	UNIT
b. CITY OR TOWN (if outside corporata limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporete limits, w	rite RURAL and give nearest town)
write RURAL and give nearest town)	1 Day			
d. NAME OF HOSPITAL OR INSTITUTION (IF			lmisheren,	
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Aboard- Freighter	-Consul Horn		2	2X-/ YES NO X
3. NAME OF First	Middle Wiles	PMED Last	4. DATE Mo	nih Day Year
(Typa or print)	Alaria	- A	OF DEATH	17 28 60 19
5. SEX 6. COLOR OR RACE	Alvin Krein	8. DATE OF BIRTH	19. AGE (In yea	TTCOOO
J. SEA	7. MARRIED X NEVER MARRIED		last birthday	
M	WIDOWED DIVORCED	12-13-1960	69) YES.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	106. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Engineer		TT	<b>A</b>	0
13. FATHER'S NAME	Shipping	Hamiburg	INAME	Germany
Unknow		Unknow		
15. WAS DECEASED EVER IN U.S. ARMED FORC		INFORMANT	Adda	os (De sepent)
Unknow ***	None	Caravel Shinn	reighter reco	way N.Y.
18. CAUSE OF DEATH  Enter only one	cause per line for (a), (b), and (c).)	our da on murbh	116, 20 12 000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)_	Fractured skul	I with int	ra-cranial l	nemorrhage- Min-
DUE TO				
Conditions, if any, which (b)_				
gave rise to immediate cause DUE TO				
(e), siering the underlying				
14/-	IONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERM	INAL DISEASE CONDITION O	IVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTION TO DESCRIPTION TO	TOT RELATED TO THE TERM	MARE DISEASE CONDITION C	PERFORMED?
3				YES NO
	b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pa	art I or Part II of item 18.)	
CAUSE OF DEATH.	Mall dam	7 - 2 2		
Z 20c. TIME OF INJURY Month, Day, Year			engine room	(County) (State)
Hour a.m.	WhileNot While fe	ctory, street, office bldg., et		(2001)
₹ p.m. 11-28-6	60at work at work Ab	oard ship.	Salisbur	y Wicomico Md.
21. I certify that I took charge of	the remains described above, I	neld an Autopsy 😿 ,	Inspection . Inqu	iry X, and in my opinion
death resulted from: Natural cau	uses , Accident , Su	icide , Homicide	, Undetermined	manner
/ 2		CHIEF MEDICAL		
ACTUAL /5	15-			
SIGNATURE	- ' \	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S		DEPUTY MEDICA	AL EXAMINER	11-30-60
NAME (Type) Rarl I.	Royer M. D. CEMETER	07 CANHANASINOBIL	Adjustown, of sound) a hi	
22a. BURIAL, CREMATION, 22b. DATE THEREO	STOYOR NAME OF CEMETERY	OR CREMATORY	10 Welown, Septemble Sol	vn, of country) (Stote)
Cremation 12-1-1960	J.WM.Lee's Cr		Washington,	
23. FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR I 24b. RI	
Hill & Johnson Co. Sa				
HITT & SOURISON CO. DO	TTTDOUTY PICTY TOTAL	DATIDE	C 1 '60   O	relier S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

13189

CERTIFICATE OF DEATH

13169

CERT	IFIC/	ATE C	F DE	ATH
------	-------	-------	------	-----

1. PLACE OF DEATH O. COUNTY  WICCOMICA  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY 50 merse.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION FRUITZE Day January Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) E/123/bet/	Last 4. DATE Month Day Yeor OF DEATH // 12 1960
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years birtyldoy) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
13. EATHER'S NAME GEOTOR S. Lawson	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes. give war or dates of service)	NFORMANT Jack Brigary Address Allen Ma
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)	INTERVAL BETWEEN ONSET AND DEATH CONCURRENCE
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
220. SIGNATURE	death accurred at 2 PM, fram the causes and an the date stated above.  M.D. ATTENDING MED. STAFF PHYS.   11 12 - GAS  22d. ADDRESS
230 BURIAL, CREMATION, 235 DATE THEREOF 23c TME OF CEMETERY O	e 1 /2/2 //d.
A. FUNERAL DIRECTORIS SIGNATURE PROPRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 2 8 '60 Cuthur 9 4

A TRACK OF THE DOWN SECTION OF THE S George S. Lawsan Waney terring KINT MARKED CONTRACTOR AS STORY the action of the second will be a second with the second will be a second

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITE RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 for death. Page 4 may be received by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5y the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

1. PLACE OF DE	ATH		MAR	YLAND	2. USUAL RESID	ENCE (Whe		b. COUNT	Y, /	ce before	odmiskon)
	OWN (If outside corporate limits give nearest town)	s, write	c. LENGTH OF STAY	/ IN 1b	-			rote limits, write			
C 01	ISBURY				5	to u	1564				
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, gi	ve street o	address)		d. STREET AL	7 7 1	100-	13	Y-1	e.	IS RESIDENCE ON A FARM?
TENINS	ULA GENERAL	- Ito	SPITAL					27	7 =	1	YES NO
3. NAME OF DECEASED (Type or print	Firs	6	Middle	B	last		4. DATE OF DEATH	Nous	onth on Q T D	Day	Year 19 60
5. SEX	1 (13 1 )		IED NEVER MARR	IED 🖂	B. DATE OF BIRTH	150		9. AGE (In yeo	IF UNDER	T YEAR IF	UNDER 24 HRS.
Fmai		WIDOWE			AUG 18	3.18	85	lost birthday	Months	Days I	Hours Min.
100 USUAL OCI	CUPATION (Give kind of work d	-	LA		- 01	110		19		IZEN OF W	VHAT COUNTRY?
dyring most	of working life, even if retired)		1.1	46	B	= 0	or rorergin er	NIOR	En	115	^ <u>A</u>
13. FATHER'S NA	SEWIFE	10	VV III !	70	14. MOTHER'S	MAIDEN N	AME !	1 10 1	עו	013	1-3 ,
		NV	JRI GHT		1 1	TER	1 -	RVIS			
	SED EVER IN U. S. ARMED FORCE			D. 17. H	NFORMANT	. 0 /	. 07.		ddress		4 40
(Yes, no or unknown			9-14-497	4/1V	IRS. SO +	IN S	HOC	KLEY	BE	RUI	K NOIL
IB. CAUSE	OF DEATH Enter only one cau	se per lin	ne for (o), (b), and (c)	1 /	7	7 -	,	1			VAL BETWEEN
/	T 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	cute	6	weekk	ali	Tis			ONSET	LEYS DEATH
0	72 DUE TO										0
Condition	ns, if any, which ) (b)										
	e lo immediate							7. 44			
lying cou	stating the under-										
	II. OTHER SIGNIFICANT COND		ONTRIBUTING TO DE	EATH BUI	NOT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION (	SIVEN IN PAR	T 1(o) 19.	WAS AUTOPSY
NO PART	Office Stortments Cont.	×110113 <u>5</u>	.0111110011110 10 01		1101 1101 110	THETENIN					PERFORMED?,
OR CONTRI	ENT WAS UNDERLYING D BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of	injury in P	Part I or Por	t II of item 1B.)			
\$ 20c. TIME O	F INJURY Month, Doy, Yea	r 20d. It	NJURY OCCURRED		ACE OF INJURY			or town)	(	County)	(State)
20c. TIME O	o. m. p. m.	While of world	Not while	10	ctory, street, office	bldg., etc.	' (				
	fy that (1) (this haspital)			from	Tov. 16	12	60,100	1100.0	2/ 196	2 Othat	t (I) (we) last
	deceased alive an Inc.		. / /	1	death accurred	0/06	M, from	the causes	and an the	e date s	tated abave.
220. SIGNA		1				7				1	, 22b.DATE
X la	reed (1. 1201	1000	~e		M.D. PHYS.		D.	STAFF PHYS.	111	211	( SIGNED
22c. PHYSIC NAME					22d. ADDRÉ	SS					
23a. BURIAL, CR	EMATION, 23b. DATE THEREO	F	23c. NAME OF CEA	METERY C	OR CREMATORY		23d. LOCA	TION (City, tow	n, or county)		(Stote)
REMOVAL		60	ODD	F	ELLOYYS		2	HOPV	ILLE		MD
24. FUNERAL DI	RECTOR'S SIGNATURE		ADDRESS	)	no o	250. REC'I	BY REGIS		GISTRAR'S SI	2 10	
177700	, Ud. Blund	7 2	med les	( C	1100.	DATE			The land of	. I VIANUE	9

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## FOR STATE HEALTH DEPT. for your files. Board of Health, al director. Page

is necessary,

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, If institution: Re b. COUNTY	sidence before admission)
Wicomico	MARYLAND	Vir	ginia	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (	f outside corporate limits, write RURAL and	give nearest town)
Salisbury		Qua	ntico	6.7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
X.M Pen.Gen.Hospi		(Ma	rine Camp)	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	The second secon	LORD	DEATH NOVEMBER	19 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED N	NEVER MARRIED A. B.	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 Y	
Male White WIDOWED	DIVORCED	Mar. 14, 194	O 20 yrs. Months D	nys Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		Y 11. BIRTHPLACE (State		EN OF WHAT COUNTRY?
U.S. Marines -Transportat	ion-	Falls Ri	ver, Mass U	SA
13. FATHER'S NAME	2022	14. MOTHER'S MAIDEN		
Elmer F.Lord		Dorothy	M. Murray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL (Yes, no, or unknown)   (Ifyas give war or dates of service)	L SECURITY NO. U. I	NEORMANT T	ord (Father) 519 Wi	comico St
X YES 1960	1.17.		ry Maryland	reomined be
1 18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	32 3			ONSET AND DEATH
	ure disto	cation of	cervical spine	Sudden
DUE TO				
Conditions, if any, which (b)				
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
<b>Š</b>				YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  20a. EXTERNAL CAUSE WAS PRIMARY   Ac CONTRIBUTING   CAUSE OF DEATH.	W INJURY OCCURED. (E	inter nature of Injury in Par	t I or Part II of item 1B.)	
PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	aan that	ran off ro	n d	
20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY	OCCURRED   20a. PLA	CE OF INJURY (Home, farm	, ' 20f. (City or town) (Count	y) (State)
<u> </u>	· variate facts	ony street office bldg. etc.		
			ural-Salisbury(Wi	(co.) Md.
21. I certify that I took charge of the remains of	described above he		Inspection A., Inquiry A.,	
The state of the s	Jeschiped abovo, no	ld an Aulopsy ,	mispocition [2], middiny [3-4,	and in my opinion
	ccident <b>[</b> ], Suici		, Undetermined manner	
	4900		, Undetermined manner	
death resulted from: Natural causes . Ac	4900	de, Homicide  CHIEF MEDICAL	Undetermined manner	
death resulted from: Natural causes Acatual SIGNATURE Dr. Earl L. Boyen	4900	de, Homicide CHIEF MEDICAL	Undetermined manner	and in my opinion
death resulted from: Natural causes Ac  ACTUAL SIGNATURE Dr. Earl L. Roven	scident K. Suici	de, Homicide  CHIEF MEDICAL  M.D. ASSISTANT MED  DEPUTY MEDICA	Undetermined manner  EXAMINER  ICAL EXAMINER  LEXAMINER  LEXAMINER	and in my opinion
death resulted from: Natural causes Academia Actual Signature Dr. Earl L. Rover Name (Type) 407 Camden Ave. S	scident K. Suici	de , Homicide  CHIEF MEDICAL  M.D. ASSISTANT MED  DEPUTY MEDICA  M.d. Address (Street,	Undetermined manner  EXAMINER  ICAL EXAMINER  LEXAMINER  LEXAMINER	and in my opinion
death resulted from: Natural causes Actual SIGNATURE Dr. Earl L. Royer Examiner's NAME (Type) 407 Camden Ave. S  22a. Burnalion, 22b. Date Thereof REMOVAL (Specify) 22b. Date Thereof 22c. N	Suicident K. Suici	de, Homicide  CHIEF MEDICAL  M.D. ASSISTANT MED  DEPUTY MEDICA  Md. Address (Street,  CREMATORY	Undetermined manner  EXAMINER  ICAL EXAMINER  LEXAMINER  City, town, or county)  22d. LOCATION (City, town, or country)	DATE SIGNED  23 /1960
death resulted from: Natural causes . Actual signature Dr. Earl L. Royer NAME (Type) 407 Camden Ave. S  220. BURIAL, CREMATION, REMOVAL (Specify) Nov. 22, 1960	secident K. Suici	de, Homicide CHIEF MEDICAL	Undetermined manner  EXAMINER  ICAL EXAMINER  L EXAMINER  City, town, or county)	DATE SIGNED  21 /1960 (Stele)

TO DEPUZE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fire pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death... event w VS. A15ME 5M 7/59

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DATE

24. REC'D BY REGISTRAR NOV 2 8 '60

REGISTRAR'S SIGNATURE

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## CEDTICICATE

13172

ADDRESS

Sharptown, M.d.

25. FUNERAL DIRECTOR'S SIGNATURE

Smith Funeral Home

10223	ERIIFICA	IE OF DI	EAIN R	eg. Dist. No.
1. PLACE OF DEATH		2. USUAL RES	IDENCE (HOME) OF D	ECEASED
COUNTY Wicomico  CITY (If outside corporate limits, write RURAL  OR end give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside	COUNTY COUNTY a Corporate limits, write RURAL a	Wicomico and give nearest town)
rown rural hardela	4 days	TOWN	Sharptown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manle Shade	e Nusing Home	STREET ADDRESS	Main & Mar	va location) dela Roed
3. NAME OF (First)	(Middle)	(Lost) WE	4. DATE (Mor	
5. SEX 6. COLOR OR 7. SINGLE RACE WIDO	WED DIVOPCED	TE OF BIRTH g 14, 1902	9. AGE last birthday 58 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HR   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most-of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of live	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME Kolland Smith		Virgie	Phillips	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 64, n.y., or unk.) (If Yes, give wer or dates of service)			Lowe, Sharp	town, Md.
ANTECEDENT CAUSE(S) DUE TO	DEATH 18. MEDICAL	ma Bre	ast	INTERVAL BETWEEN ONSET AND DEATH 2/2/4 Cas
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	FINDINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, factory, tY street, office bldg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Ho	ur} 21e. INJURY OCCURRED While Not whila A. et work et work	21f. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the alive on the signature H. S. Kuhlman /45.	, and that death occurred tushingue, M.D.	d at 1130 A.M. from Sharp	the causes and on the ADDRESS (Street, city, tow	date stated above. vn, state)  DATE SIGNED  (1/26/60)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 11-27-			Sharpton	

HTARGE		LADISITS		
MAZARDO SE SPECIMO SE SIGNER AND				MAN NEWSTAND
	TO A STREET			
			and action	
Brown Constant April 1985				
				Elizabeth S

1. PLACE OF DEATH a. COUNTY	Wicomico		MARYL		o. STATE	E (Where decease	ed lived. If institut b. COUNTY		e before adm	ission)
b. CITY OR TOWN RURAL and give Salisb	(If outside corporate lime neorest town)	its, write	3057 days	ч 1Ь	c. CITY OR TOWN		orate limits, write	RURAL and gi	ive nearest to	wn)
	PITAL (If not in hospital,	1.00			P.O. B	ox #12			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fra	rst nces	Middle Eleano:	r	McCurdy	4. DATE OF DEATH		r.	28	Yeor 19 <b>60</b>
s. sex Femal		7. MARR	RIED NEVER MARRIED  DIVORCED		ate of BIRTH pr11 23	,1872.	9. AGE (In years last birthday)	Months	YEAR IF UN Days Hour	
during model	TION (Give kind of work orking life, even if retired	done 10b.	Unk	INDUSTRY	11. BIRTHPLACE (	Stote or foreign	country)		U.S.A	
3. FATHER'S NAME Je	sse Mc Cui	rdy		14	En11	y Ande	rson			
1S. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	The second second	rds Of		Head St	ate H	ospt.	
	DEATH [Enter only one of DEATH WAS CAUSED BY: MMEDIATE CAUSE (	) H	ypostatic c	onges	tion of t	the lung			interval onset an 72 h	D DEATH
Conditions, if gove rise to couse (o), statis lying couse las	immediate DUE TO	)	rterioscler rterioscler						Year	
ğ P	other significant con arkinsonism		CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PER	S AUTOPSY FORMED?
(IF EITHER, NOTI	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	N/A	CURRED. (E	nter nature of inju	ry in Port I or Pa	ort II of item 18.)			
20c. TIME OF INJ Hour o. n	N / A 10	While of wor	_ Not while _	PLACE foctory,	OF INJURY (Home street, office Aldg	, farm, 20f. (Cit j., etc.)	N/A	(C	ounty)	(Stote
	سنت فلنساء الله كالشخفة	ov · 2	8 60	hat deat	ATTENDING		the causes a			ed above
22c. PHYSICIAN' NAME (Type		aldve	323	M.D.	Deer's		spital;	Salisbu	11/20 ury, M	
23a. BURIAL, CREMA	ion Nov. 3	0.19	23c. NAME OF CEME	Lees	Sons	Was	ATION (City, town, hington	or county) C	(5)	tote)
24. FUNERAL DIRECTO	OR'S SIGNATURE	nanv	ADDRESS Salisbur	rv. M		REC'D BY REGIS		ISTRAR'S SIG		1

y the funeral directar, 2 should be filed with may be rescorded by the hospitol ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours offer death. VR A15 (4) 1SM 9/59

R ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13193 CERTIFICATE OF DEATH funeral director, 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) should be b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 120 days Fishing Creek Salisbury Marvaland the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Deer s Head State Hospital None First Middle Last 4. DATE Manth filled DECEASED OF DEATH Nannie Raye McGlaughlin Pages (Type ar print) Nov. death 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ast birthday) after Female White DIVORCED T WIDOWED T papers. camp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) pup Housewife Don Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician certificate remave 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. event attending No please No requires that the death ony 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Bronchopneumonia Then the and DUE TO P remayal, permit. Canditians, if any, which attending physician. ertificate has been signed gave rise to immediate DUE TO cause (a), stating the underburial-transit lying cause last. D ATTENDING PHYSICIAN: The low CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, Arteriosclerosis, generalized 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) certificate the burial, MEDICAL OS 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) b factory, street, affice bldg., etc.) use a. m. While Nat while After this 0 haspital p. m. at wark at wark detached for 1960 ta\_ 21. I certify that (1) (this haspifal) attended the deceased from Aug. 1 Nov. 29 19 60, and that death occurred at saw the deceased alive bn. M from the causes and an the date stated above. FUNERAL DIRECTOR: 22a. SIGNATURE by pe PHYS. PHYS. DIRECTOR . ned State Board 22c. PHYSICIAN'S 22d. ADDRESS shauld Head Hospital; Salisbury, Md. Maldve. M. NAME (Type)

Le Compte Funeral Service, Cambridge, Maryland, DATE DEC 9

23c. NAME OF CEMETERY OR CREMATORY

23b. DATE THEREOF

23a. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATUR

Dorchester

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

days

PERFORMED?

YES NO

(State)

Days

U.S.A.

(Caunty)

23d. LOCATION (City, tawn, ar caunty)

1960, that (!) (we) last

(State)

Manths

. IS RESIDENCE

ON A FARM? YES NO

Year

19 60

က page 0 VR A15 (4) 15M 9/59

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120 days Planting Breek, n roland. Call Street Medical Salphine Scar. 5/20/1879 828 J. TOLLEY MARY CASKEY NO DEER'S HEAD STATE HOSP

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1. PLACE OF DEATH o. COUNTY  Wife mice	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY (Incoming)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Keninsular General Hospital	d. STREET ADDRESS  4. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First M DECEASED (Type or print) DELIAS HENR	Middle Last 4. DATE Month Day Year OF DEATH November 1/ 1960
7.52	VARRIED   B. DATE OF BIRTH  ORCED   Aug. 26, 1890  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS    ORCED   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSING during most of working life, even if reticed) Office Manager-Sand & Grave	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levin Henry Moore	Tempa Gordy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give war or dates of service)	Mrs. Mattie J. Moore(Wife) 830 Brown St Salisbury, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e COR PUIN ENALE. INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	N PNEUMONIA + PULMONARY EMPHYSEMA.
E O P O O D D D D D D D D D D D D D D D D	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum NO \( \sum \)
71/44	URY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work at work	20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State factory, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 100 July 1960.	osed from 1900, to 110, 1900, that (I) (we) los and that death occurred at 2 M, from the causes and on the date stated above
220. SIGNATURE B. Long.	M.D. ATTENDING MED. STAFF NOV 1 1960
22c. PHYSICIAN'S NAME (Type) William B. Long	Medical Center Salisbury, Maryland
PEMOVAL (Specify)	F CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) mico Memorial Park Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBUE	RY MARYTAND DATE NOV 16'60 Colling & H

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Sy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by

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TO HOSPI VR A15 (4) 15M 9/59

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## FOR STATE

our files. by is necessary, al director. Page for your State

10e do 13.

15. (Ye

20a. EXTERNAL CAUSE WAS

MEDICAL EXAMINER: This certificate should be executed "pending" in pencil in Item Examiner's Office along e used as a buriel-transit be used cremation, please execute the certificate, writing the word Medical plnods should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 0 designated TO DEPU ifs 107 ò

	PEPARTMENT OF HEALTH  1, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1319MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 13175
PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission)  a. STATE  Marvland  Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury  I. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Salisbury  d. Street Address  o. IS RESIDENCE ON A FARM? YES   NOON
NAME OF DECEASED (Type or print)  SEX    G. COLOR OR RACE   7. MARRIED   NEVER MARRIED	To Moore Ste YES NOW  Last 4. DATE Month Dey Yeer  OF DEATH 11-28-60 19  B. DATE OF BIRTH  9. AGE (In yeers   If UNDER 1 YEAR   IF UNDER 24 HRS.    Lest birthdey) Months Deys Hours Min.
USUAL OCCUPATION (Give kind of work leduring most of working life, evan if retired)  The during most of working life, evan if retired)  The life is NAME	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LUCIONICS CO  14. MOTHER'S MAIDEN NAME
the maris	14. MOTHER'S MAIDEN NAME > 3
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (17. ) (17.	Tuth Decelors Solehung med
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OUE TO  Cerebral  DUE TO	hemorrhage Sudden
Conditions, il eny, which geve rise to immediate ceuse	sive cardio-vascular disease Years

(e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOC

CERTIFICATION PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion

DATE SIGNED

12-1-60

2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.)

death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER

SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Gamden city ve or couffalisbury.

Royer, BURIAL, CREMATION, (State) Heres

DATE DEC 6

23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous

VS. A15ME 5M 7/59

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after death. Page 4

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Board	- 1
State	0
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VR A15 (4) 15M 9/59

PLACE OF DEATH     O. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  140 days			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Eden, Maryland								
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g Head State				d. STREET ADDRESS Rt. 1,	Box :	11		e. IS RESIDEN		
3. NAME OF DECEASED (Type or print)	Fir Mar		Elizabeth	1	Nairne	4. DATE OF DEATH	Nov	ember	2 <sup>Poy</sup> 1960		
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED		Oct. 14, 19	23	9. AGE (In years lost birthday) 37 yrs.		1 YEAR IF UNDER 24 Days Hours M		
10a. USUAL OCCUPATI during most of wor HOUSEV	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Housewife				Mary land		country)		ZEN OF WHAT COUN		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
Ulysse	es Cottman				Maggie Ca	annon					
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFO	eer's Head S	State		Recor	rds, Salisb		
Conditions, if a gove rise to couse (o), stoling lying couse lost.  PART II. OT	the <u>under-</u> DUE TO	)	ontributing to deat	H BUT NO	DT RELATED TO THE TERMI	NAL DISEA:	SE CONDITION GI	VEN IN PART	T 1(o) 19. WAS AUTO PERFORMED YES X NO		
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in f	Port I or Po	rt (1 of item 18.)				
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While	Not while of work		OF INJURY (Home, form y, street, office bldg., etc.		y or town)	(C	County) (S		
21. I certify th	at (I) (this haspital	241	th 19 60, and th	rom hat dec	ATTENDING ME		the causes ar		Q, that (I) (we) date stated abo 22b.DA		
saw the decea 220. SIGNATURE		rue	ala	44 5	DHAC DI	DECTOR -	DHVC B		1//5/0		
		Jue	man, M.D.	M.E	22d. ADDRESS	RECTOR L		tal,	Salisbury,		
22c. PHYSICIAN'S	V. fue		rman, M.D.  23c. NAME OF CEMENT St Mary		22d. ADDRESS Deer's Hea	ad St	ate Hospi	or county)			

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		an rei	
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(4) (4) (4)			
CONTRACTOR ASS			

DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ofter death. Page 4

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hot	by th	1, an
TO HOSPI DR ATTENDING PHYSICIAN: The low requires that the death	may be regarded by the haspital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending	page 3 should be detached for use as the burial-tronsit permit. Then please the Stote Board of Health prior to burial, cremation, ar removal, and in any
PHYS	his ce	use to bu
ATTENDING	CTOR: After t	detached for f Health prior
TO HOSPI	TO FUNERAL DIREC	page 3 should be the State Board af
VR .	A15 (	4)

-						
1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WI		COLUMNIA	before odmission) oline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16 2205 days	c. CITY OR TOWN (IF o		s, write RURAL and give	a nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Been's Head State Ho		d. STREET ADDRESS		OSX-	e. IS RESIDENCE ON A FARM? YES \( \) NO
3.	NAME OF First DECEASED (Type or print) Lulu	Middle	Newcomer	4. DATE OF DEATH	TIVY	Day Year 16 1960
5.	Female 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH	69 9. AGE last b	yrs. Manths Do	YEAR IF UNDER 24 HRS. ays Hours Min.
	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, world fretired)	KIND OF BUSINESS OR INDU	Mary	sulf.	12. CITIZE	N OF WHAT COUNTRY?
1	FATHER'S NAME YELL		14. MOTHER'S MAJOEN I	Luk	nown.	
	WAS DECEASED EVER IN U. S. AMMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	Eallish Il	urum)	Enston	Md.
	brings.	ne far (a), (b), ond (c).} Arterioscleroti	c heart disea	ise		INTERVAL BETWEEN ONSET AND DEATH Yrs
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  DUE TO	Arteriosclerosi	s, general			Yrs
CATION	PART II. OTHER SIGNIFICANT CONDITIONS OF Acute cholecystitis	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
CEPTIEI		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II af ite	m 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Hour a. m. 19 While p. m. 19	Not while fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc		) (Cou	unty) (Stote)
	21. I certify that (I) (this haspital) attends saw the deceased alive an Nov. 1.		Nov. 3 19	M, fram the ca		
	22c. SIGNATURE	lu ,		RED. STAFF	20	11/16/60 11/16/60
	NAME (Type) L. V. Maldve	A	Deer's H		al; Salisbu	ıry, Md.
1	SEMOVAL GOCITY) 230 DATE THEREOF	23c. NAME OF CEMETERY OF	u Cell	23d. LOCATION IC	1	Mistore
1	TENURAL DIRECTOR'S SIGNATURE	of Caster	1/1/1/	O BY REGISTRAR 2	256. REGISTRAR'S SIGN	

1\_:----The state of the s the Europe Designation of the Control of the Contro 보는 X 배워 및 교회들이라고 [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] [2012] 184 premiuzi in carocheadh i neo millionil a  R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h.

# MARYLAND STATE DEPARTMENT OF HEALTH 13198 CERTIFICATE OF DEATH

13178

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission)
1	O. COUNTY WICOMICO MARYLAND	o. STATE Mary and b. COUNTY Warcester
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest lown)	c. CITY OR JOWN (If a tside corporate limits, write RURAL and give nearest town)
	Salisbury	Pocomoke City
	d. NAME OF HOSPITAL (If nat in haspital give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
1	11 Age Home'	YES NO X
-	3. NAME OF DECEASED First Middle	Lost 4. DATE OF Manth Day Year OF DEATH 19 19 60
	(Type or print)  S. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH OF STATE OF S
	S. SEX  6. COLOR OR RACE  MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	Asia (ast Impay) Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	LADOREY YARD-WORK	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Peter Parson	Elizabeth Cropper
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 (Yes. no. or unknown) [19] (If yes. give war or dates of service)	SEORMANT X Address V O. L W/
	No	(lice Doane Focomete City, Ad.
-	1B. CAUSE OF DEATH [Enter anly ane couse per line for (o), (b), and (c).]	O INTERVAL BETWEEN ONSEY AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mal Selliosis With
	3 3 4- X DUE TO	1
1	Gondiffons, if ony, which ) (b)	lew sclerges - wik
	gove rise to immediate cause (a), stating the under-	
	lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		otions of yes NO
	20a. ACCIDENT WAS UNDERLYING [] \\ 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port (1) of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work at wark	ctary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from	117 12+ 1960 to Plus 19 19 Gethat (1) (we) lost
		death occurred at M, fram the causes and an the date stated abave.
	220. SIGNATURE	22b. DATE
	Islander Sembly	M.D. PHYS. MED. STAFF PHYS.   STAFF
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	U. METPER SEM	dy pausony, and
6	23a. BURIAL, CREMATION, 23b., DATE THEREOF 23c. NAME OF CEMETERY C	PR CREMATIONY 23d, OCATION (City Jown, or county) (State)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Fidner Whaten - now Chin	ch UG DATHOV 23 '60 Cuthing S. Krous

TO HOSPIT VR A15 (4) 15M 9/59

. 2181 - AC111 Micomico VYDGSID amort ear Male Caracrae Forscon Mov. 19 11.0 And the second was well as the second Elizabeth Kirchen Peter Parson Clare Search Frontier to the Eller I the I right follow the Commission Charles College Line and Committee and Allege and Al

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryls	e deceased lived. If institution: Residence before admission) and Dorchester
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)  Mardela Springs - Rural 3 y	ors . 8mons .		side corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Naple S hade Convalescent	Home	d. STREET ADDRESS Eldore	e. IS RESIDENCON A FARM YES NO
3. NAME OF First DECEASED (Type or print) Annie	Middle Elizabeth	Payne	OF DEATH November 2 1960
S. SEX   6. COLOR OR RACE   7. MARRIED   N	DIVORCED _	B. DATE OF BIRTH  Jan. 20, 1870	9. AGE (In years last birthday) 90 yrs.
	BUSINESS OR INDUS	Dorchester	Co., Maryland U.S.A.
John Corkran		14. MOTHER'S MAIDEN NA Elizabeth	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)  No.		rs. Russel W. I	Hallowell, Federalsburg, Md.
CATIC	UTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY O. Haur a. m. While Na	CCURRED 20e. PL	O. (Enter nature of injury in Par ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	
21. I certify that (I) (this hospital) attended the	and that o	eath occurred of 8A N	A, from the causes and an the dote stoted obo  STAFF CTOR   STAFF PHYS.
REMOVAL (Specify) Nov.4,1960 E.	ame of cemetery o	netery	3d. LOCATION (City, town, or county) Eldorado, Dorchester Co., d.
J.J.Framptom and Son, Federal	sburg, Mar	yland 250. REC'D DATE NOV	BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE  1 9 160 Cuther S. Huns

in by the funeral directar, and 2 shauld be filed with after death. Page 4

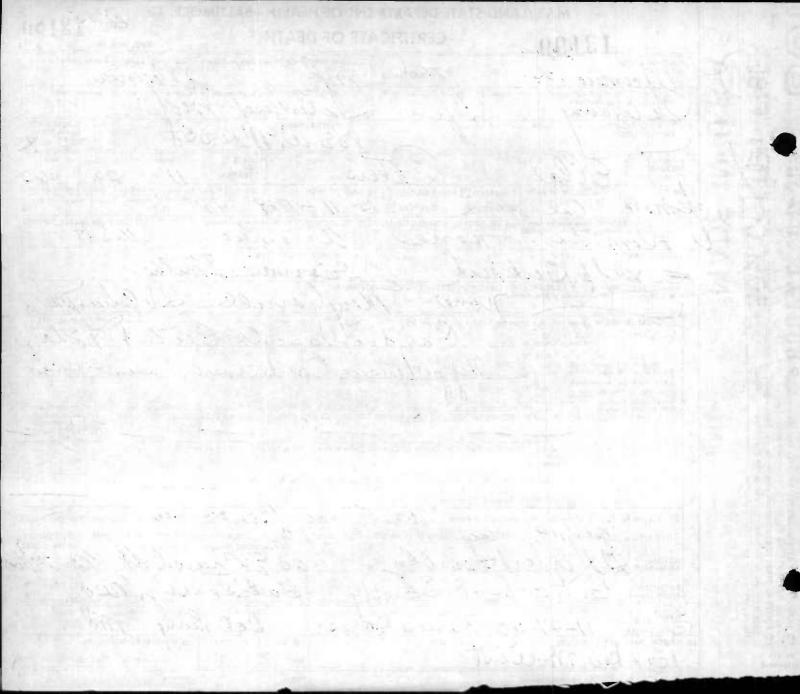
TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247 may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



13181

	TOVAL	T+	Ame 7 RIFICA	mC275 11-26	-60 at				
o. COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where decease	d lived. If institution b. COUNTY	Some:		missian)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	lf autside carpo	orate limits, write R	URAL and gi	ive nearest to	own)
Salisbu			405 days	Prince	ess Anne	е,			
	PITAL (If not in hospital, s			d. STREET ADDRESS			10.		RESIDENCE
OK II4311101101	Deer's Hear	d Sta	te Hospital				YX		NO [
B. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Man	th	Doy	Year
(Type or print)	Ge	orge	Norman	Pusey	DEATH	Nov		14	19 60
. SEX		7. MARE	RIEDE NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	
Male	White	WIDOWI	ED DIVORCED	Oct. 25. 1	1887	83 yrs.	Manths	Days Hau	urs Min.
0a. USUAL OCCUPA	TION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ate ar foreign c	country)	12. CITIZ	EN OF WHA	AT COUNTRY
retire	orking life, even if retired	1)	farmer	Maryla	and		11.5	S.A.	
3. FATHER'S NAME	Fr. In Vision			14. MOTHER'S MAIDEN		2011			
George 1	Pilsett			Marci	aret s	nwon			
	VER IN U. S. ARMED FOR	RCES? 16	SOCIAL SECURITY NO. 17.1	NFORMANT	0.1 0 0 1	Addi	ress		
(Yes, no, or unknown)	(If yes, give war ar dates of				77 D.	1 787		. M.A	
Transcription of a				rs William	H. Ra	urk wes	rover		
	EATH [Enter only one contact that was CAUSED BY:	ause per lii	ne far (a), (b), and (c).					ONSET A	ND DEATH
PARI I. D	IMMEDIATE CAUSE (c	)(a	Cerebral thro	mbosis	1/4			2 m	onths
332	DUE TO							-	
Canditians, if		)	Generalized a	rteriosclero:	sis			10	years
gave rise to cause (a), statir									
lying cause las		c)					1.00		
PART II. C	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
Ž I	Diabetes mel	litus	3						□ NO F
PART II. C	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury	in Part I ar Par	rt II of item 1B.)			
OR CONTRIBUTING	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	-							
20c. TIME OF INJ Hour o. m	URY Manth, Day, Ye	gr 20d. II	NJURY OCCURRED 20e. P.	LACE OF INJURY (Hame, fo	orm, 20f. (Cit	y or town)	IC	aunty)	(State
Hour o. m	1.	While	Nat while fo	actory, street, affice bldg.,			*	,,,	
	١,	at war		0.1		27 71			
21. I certify t	hat (1) (this haspita	I) attend	led the deceased fram.	UCT. O	1922 , .to_	Nov. 14	19 0	U, that (I	l) (we) las
	ased alive an N	0/1	3_1960 and that	death accurred at		the causes an	d an the	date stat	ed abave
22a. SIGNATURE	1 1		7	ATTENDING _	15 A.M				22b. DATE
	XIX	0	awry	M.D. PHYS.	DIRECTOR	STAFF PHYS.		11	1/14/6
22c. PHYSICIANU NAME (Type				22d. ADDRESS				400	
(i)pe	Lee L.	Lawry	, M. D.	Deer's h	lead Ho	spital; S	alisb	ury, M	ld•
30. BURIAL, CREMAT	TION, 236. DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(:	State)
REMOVAL (Speci	<sup>(y)</sup> 11-16-1		Manokin Pre	sbyterian		A	nne.	Md.	
4. FUNERAL DIRECTO		000	ADDRESS		EC'D BY REGIS		STRAR'S SIG		
14	18 11/11	1	Princess An		NOV 21	100	Lilian S.		
	7 11 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	20173	werd 0 110 111	ALL OF LILL OLD DATE	-				

VR A15 (4) 15M 9/59

after death. Page 4

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

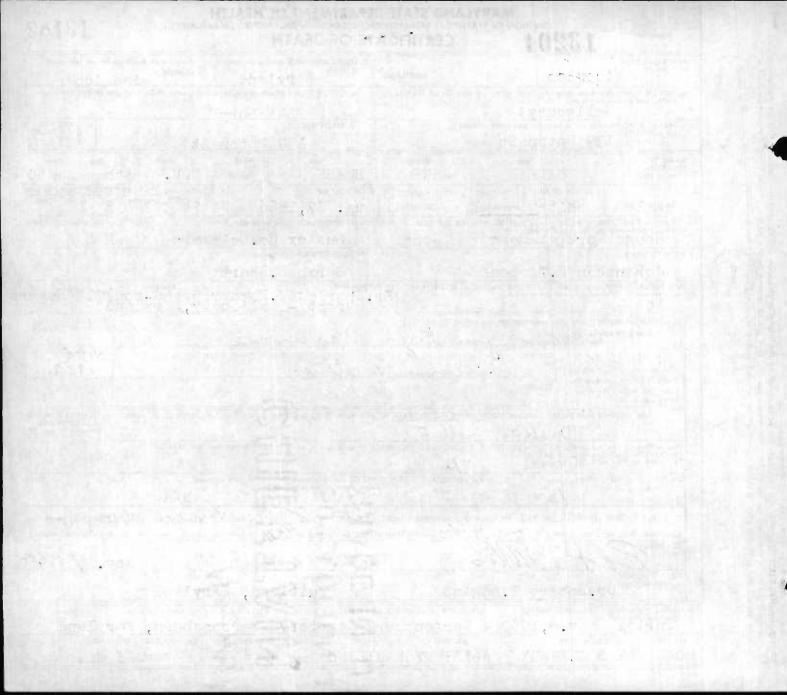
CERTIFICATE OF DEATH

13201

13182

1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland Wicomico								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Salisbury					IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 139 Upton St					d. STREET A	DDRESS	Uptor			ON	SIDENCE A FARM?	
DE	ME OF CEASED pe or print)	SALL.		Middle JANE		RUARK	î î	4. DATE OF DEATH	NOV.	5t	Doy	Year 19 60
S. SE	emale	6. COLOR OR RACE White	7. MARR	44 M		8. DATE OF BIRTH Aug. 27			9. AGE (In years last birthday) 7 4 yrs.	Months	YEAR IF UNI	
10o. (	uring most of work	DN (Give kind of work ing life, even if retired WORK at	7	KIND OF BUSINESS O					laware	12. CITIZ	U S A	
13. FA	THER'S NAME					14. MOTHER'S						
	Johant	han C.Tir	mmon	S		Sara	ah F.	Short	t			
		R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO	o. Wr	Street	Es_We	Parke	er(Gran	d-son	2719	Roger
16		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a	- 04	ne for (a), (b), and (c)	e d	Car	cin	ma			ONSET AN	
	Canditions, if a	DUE TO	0	alacia d	)	2					Noted	
	gave rise to in cause (a), stating lying cause last.	mmediate (		a carrie	t							
Z O	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASI	CONDITION GIV	VEN IN PART	1(a) 19. WAS	AUTOPSY
CATION		Diak	to	melletu	,							ORMED?
CERTIFI	Do. ACCIDENT WAR OR CONTRIBUTING F EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	N/A	CCURRE	D. (Enter nature a	of injury in I	Port I ar Part	II of item 18.)			
MEDICAL	C. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED  Nat while at wark		ACE OF INJURY ( ctary, street, office			ar tawn) N/A	(C	ounty)	(State)
		t (I) (this haspital							Noveber			
2	20. SIGNATURE	et-12	Me	->		M.D. ATTENDING		ED. RECTOR	STAFF PHYS.	No	2	2b. DATE SIGNED
2	2c. PHYSICIAN'S NAME (Type)	r.Robert	T.A	dkins		22d. ADDRI		nd, I	Marylan	ā		
	URIAL, CREMATIO REMOVAL (Specify)		)F	23c. NAME OF CEM		r CREMATORY	tery	-	ion (City, town, sonsbur	2.0		ate) .đ.
	LLOWAY		Y S	ADDRESS ALISBURY	MAR	YLAND	250. REC'	D BY REGIST	100	Istrar's SIG		

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CARCE

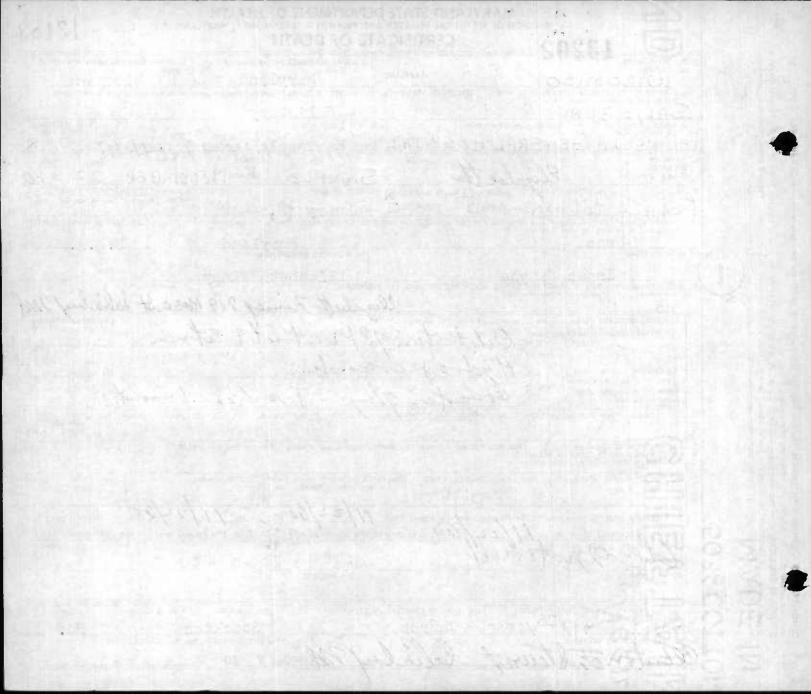
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

BALTIMORE 1, MARYLAND	13183
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		- 1 m (7/6 )	-b-b() et				
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution	on: Residence before admission)		
	WICOMICO	MARYLAND	Maryla	nd b. COONIT	Wicomico		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi	de carporate limits, write R	URAL and give nearest town)		
	SALISBURY		Salisbur	v			
	d. NAME OF HOSPITAL (If not in lospitol, give street of OR INSTITUTION	ddress)	d STREET ADDRESS	2.7	e. IS RESIDENCE ON A FARM?		
1	TENINSHLA GENERAL	HOSPITAL	Ponyingula	/ General/E	ANDITATY YES NO. 1		
	NAME OF DECEASED (Type or print)  Slighted	the Middle	SAMPLE	OF DEATH NOVEM	BER 22 1960		
	S. SEX 6. COLOR OR RASE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.		
	FEMALE COLORED WIDOWED	DIVORCED	Febuary 18.1	941 19 yrs.	Manths Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work dane 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	None		Marv	land	II S A		
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		U. U. A.		
	Isaac Sample		Elizabeth	Finor			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Se	OCIAL SECURITY NO. 17. IN	IFORMANT	Finey	ess		
	(Yes, no, or unknown) (If yes, give war or dates of service)	Êli	salett Fine	4719 Rose	St Salis leng Ma		
	18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).]		11. 1	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Litection of	Rt Ventru	let atra	ONSE! AND BEATH		
	112112 DUE TO 11						
	Conditions, if any, which) the Hydro percardini						
	gove rise to immediate		1	, ,	10		
	cause (o), stating the under-	nouten al	engs - I you	cher-bo	-shots		
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY		
1	ZATK				PERFORMED? YES NO		
	PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port	t I or Part II of item 18.)			
1	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJ		ACE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (State)		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. While of work	TAGE MILLS	tary, street, affice bldg., etc.)	,			
			11/22/1/1	12/22	Ha o.		
	21. I certify that (I) (this hospital) attende	1/25	10.146	_ , .to	19, that (I) (we) last		
	saw the deceased alive an	and that d	eath accurred at	, from the causes an	d an the date stated above.		
	"Take on thu		ATTENDING MED.	STAFF	22b. DATE SIGNED		
	22c. PHYSICIAN'S	1	M.D. PHYS. DIRECT	TOR PHYS.			
	NAME (Type)		ADDRESS				
	•						
9	23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23	d. LOCATION (City, town, o	or county) (State)		
3	burial 11/20/1960	Church		Stockton	Md.		
	24. FUNERAL DIRECTOR'S SIGNATURE	L ADDRESS / 1	2So. REC'D B	Y REGISTRAR 25b. REGIS	STRAR'S SIGNATURE		
	Stulon of Sellat	Xalish	THE DATED EC 2	2 '60 Cut	Lig & King		
			,				

TO HOSPITA VR A1S (4) 1SM 9/59



after death. Page 4

the ottending physician and completely filled in  $\sqrt{\phantom{a}}$  the funeral directar. Then please remove carbon papers. Pages 1 and 2 shauld be filled with

TO HOSPIT. RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be rescribed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or remayal, and in any exert, within 72 hours after death.

VR A1S (4) 1SM 9/59

1. PLACE OF PEATH  a. COUNTY  C. D. MARTLAND  b. CITY CI TOWN IT countide corporate limith, write  b. CITY CI TOWN IT countide corporate limith, write  BYART CI TOWN IT countide corporate limith, write  C. LINGTH OF STAY IN 15  C. CITY CR TOWN IT countide corporate limith, write  C. LINGTH OF STAY IN 15  C. CITY CR TOWN IT countide corporate limith, write RURAL and give necess form)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address.)  C. THARLE OF ROSPITAL IF may be baseled. give street address. give street						
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A STREET ADDRESS  OR INSTITUTION  OR INSTITUTI		RURAL and give nearest tawn)	C. CITT ON 19 VITA (II OUISIDE CORPORTOR INITIALS, WITHE NORTH OF THE MOST OF			
S. NAME OF PRINT   NICE   NO	-	d. NAME OF HOSPITAL (If nat in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE			
3 NAME OF DECRAPION TO STEPH Middle LOSS OF DEATH (Type or print)  5. SEX	P	and the second				
S. SEX   S. COLOR DAR BACE   N. MARRIED   NEVER MARRIED   N. DATE OF BURN   S. AGE (In year) IEU UNDER YEAR IF UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IF UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IF UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IEU UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IEU UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IEU UNDER 24 HIS OF SUBJECT OF BURN   S. AGE (In year) IEU UNDER YEAR IEU UNDER 24 HIS OF SUBJECT OF SUB	3.	NAME OF Middle				
DIVORCED		(Type or print) / OSCILLE SCA	rborough DEATH NOVEMber 2 1960			
13. FATHER'S INMED  13. FATHER'S INMED  13. FATHER'S INMED  14. DOTHER'S INMED  15. WAS DECEASED EVER IN U. S. ARMED FORKEST 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  19. PART, I. DEATH WAS CAUSED BY MANDED FORKEST 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 2  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 3  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 4  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 4  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c). 4  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c),	S. 5					
13. FATHER'S NAME   14. MOTHER'S MAIDENAME    14. MOTHER'S MAIDENAME    13. FATHER'S NAME   14. MOTHER'S MAIDENAME    14. MOTHER'S MAIDENAME    14. MOTHER'S MAIDENAME    15. MAS DECEASED EVER IN U. S. ARMED FORESS   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAPSE OF DEATH   Enter only one couse per line for (g).   (b). and (c).   17. INFORMANT   18. CAPSE OF DEATH   18. CAPSE OF DEAT	12	5/19/6	MILL 14-1873 6/16/18			
15. WAS DECRASEDEVER IN U. S. ARMED FOREST 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  18. CASSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (b), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g), (c), and (c).]  19. CONTINUE (solid) per line for (g),	100	dupling most of working life, even if retired)	Thiladelphio, Sa			
18. CADSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]   18. CADSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]   18. CADSE OF DEATH   18	13.	FATHER'S NAME	14. MOTHER'S MAIDED NAME			
18. CADSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]   18. CADSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]   18. CADSE OF DEATH   18		Saniel dutte	Ellara Altsinger			
PART I. DEATH WAS CAUSED BY:    Cardia C   C	1S.  Ye	WAS DECEASED EVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. III	Vaul D. Scarloraugh Snew Hillomed			
PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if only, which gove rise to immediate cause (a), stating the under:  Jying cause lost.  DUE TO  DUE TO  Course To the terminal disease Conditions of the terminal disease Condit		18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]				
Conditions, if only, which gove rise to immediate cause (a), stating the under lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INVART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year am. 19 and that death accurred also AM, from the causes and on the date stated above.  21. I certify that (I) (this haspital) attended the deceased from line of wark of w		PART I. DEATH WAS CAUSED BY: Cardiac Ur	rest (Stokes - Odams O Hock)			
Gover rise to immediate couse (a), stating the under (c) Intucational Course (a), stating the under (bying cause lost).  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?		260× DUE TO 11 1.	01111			
Cause (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN VART 1(a) 19. WAS AUTOPSY PERFORMED? YES PERFORMED? YES NOW DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERSYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter notify of port 1 or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While of work of the other of the injury of port 1 or Part II of item 18.)  21. I certify that (I) (this haspital) attended the deceased fram factory, street, affice bldg., etc.)  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. DATE THEREOF  23. NAME OF CEMETERY OR CREMATORY  23. TURINAL CREMATION, 23h, DATE THEREOF  23. NAME OF CEMETERY OR CREMATORY  24. FUNCTIONAL CREMATION, 23h, DATE THEREOF  24. FUNCTIONAL CREMATION, 23h, DATE THEREOF  25. REGISTRAR'S SIGNATURE  24. FUNCTIONAL CREMATION, 23h, DATE THEREOF  25. REGISTRAR'S SIGNATURE  26. REC'D BY REGISTRAR  26. REC'D BY REGISTRAR  27. SIGNATURE  27. SIGNATURE  28. REGISTRAR'S SIGNATURE			Cardio Vascular Dissail			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOW  20a. ACCIDENT WAS UNDERLYING   COUNTRIBUTING OF CONTRIBUTING OF CONTRIBUTING CONTRIBUTING OF CONTRIBUTING CONTRIBUTION CONTRI	13	cause (a), stating the under-	al ones, las a la resia. Q.			
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or tawn)   (County)   (Stote)   20e. TIME OF INJURY HOULD IN ITEM 19   20f. (City or tawn)   (County)   (Stote)   20f. I certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   (County)   (Stote)   20f. II certify that (I) (this haspital) attended the deceased fram   20f. (City or tawn)   20f. (City or tawn)   (County)   (County)   20f. (City or tawn)   20f. (C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE; CONDITION GIVEN IN YART 1(0) 19. W.					
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While at wark   20c. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)  21. I certify that (I) (this haspital) attended the deceased fram.  21. I certify that (I) (this haspital) attended the deceased fram.  22. SIGNATURE  22. SIGNATURE  22. PHYSICIAN'S NAME (Type)  23. NAME OF CEMETERY OF CREMATORY  24. FUNDAL CREMATION. 234. DATE THEREOF  REMOVAL (Special)  24. FUNDAL DIRECTOR: SIGNATURE  25. REGISTRAR'S SIGNATURE  26. County)  26. City or tawn)  (County)  (State)  (County)  (State)  (State)  27. TENTONING MED.  28. PLACE OF INJURY (Home, farm, 20f. (City or tawn)  (County)  (State)  27. To County)  (State)  27. TENTONING MED.  28. TENTONING MED.  29. TENTONING MED.  29. TENTONING MED.  20. TENTONING MED.  21. TENTONING MED.  21. TENTONING MED.  21. TENTONING MED.  21.	CATIC	Diobetes Mellites V.				
Hour a.m. p. m.  19 While at wark of wark factory, street, office bldg., etc.)  21. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  23. I certify that (I) (this haspital) attended the deceased fram.  24. I certify that (I) (this haspital) attended the deceased fram.  25. Ita Kar. 2 that (I) (we) last saw the deceased alive an wark of the deceased fram.  26. Italian attending med.  27. SIGNATURE  27.	CERTIFIC	OR CONTRIBUTING  CAUSE OF DEATH				
21. I certify that (I) (this haspital) attended the deceased fram.  21. I certify that (I) (this haspital) attended the deceased fram.  22. I certify that (I) (this haspital) attended the deceased fram.  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. PHYSICIAN'S NAME (Type)  23. PHYSICIAN'S NAME (Type)  24. PHYSICIAN'S NAME (Type)  25. REGISTRAR'S SIGNATURE	ICAL		ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)			
saw the deceased alive an 1960, and that death accurred at AM, from the causes and on the date stated above.  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  221. BURIAL CREMATION 2311. DATE THEREOF  REMOVAL (Specific Country)  231. BURIAL CREMATION 2311. DATE THEREOF  REMOVAL (Specific Country)  232. PURIAL CREMATION 2311. DATE THEREOF  REMOVAL (Specific Country)  233. NAME OF CEMETERY OR CREMATORY  234. FUNDAL DIRECTOR'S SIGNATURE  236. REGISTRAR'S SIGNATURE  236. REGISTRAR'S SIGNATURE	MED	10 White Holl white	cory, sired, office stage, cite,			
220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. ADTE IN DIRECTOR   STAFF PHYS.   1/2/60		21. I certify that (I) (this haspital) attended the deceased fram	1el. 1958, to Koc. 2, 160 that (1) (we) last			
22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS NAME (Type)  22d. ADDRESS NAME (Type)  22d. BDRIAL, CREMATION 23h. DATE THEREOF  REMOVAL (Special)  23d. NAME OF CEMETERY OF CREMATORY  23d. OTATION 174, 1940, or country)  24f. BDRIAL, CREMATION 23h. DATE THEREOF  REMOVAL (Special)  24f. BDRIAL, CREMATION 23h. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  23d. OTATION 174, 1940, or country)  24f. BDRIAL CREMATION 23h. DATE THEREOF  23c. NAME OF CEMETERY OF CREMATORY  23d. OTATION 174, 1940, or country)  24f. BDRIAL CREMATION 23h. DATE THEREOF  24f. BDRIAL CREMATION 23h. DATE THEREOF  24f. BDRIAL CREMATION 25h. REGISTRAR 25h. REGISTRAR'S SIGNATURE  24f. BDRIAL CREMATION 25h. REGISTRAR'S SIGNATURE			death accurred at M, fram the causes and on the date stated above.			
22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  PINE  Bluff Road Solishing M  22d. ADDRESS  PINE  Bluff Road Solishing M  22d. ADDRESS  PINE  Bluff Road Solishing M  22d. ADDRESS  PINE  23d POTATION By, Igain, or county)  (Stole)  24d FUNDRAL (Species)  24d FUNDRAL DIRECTOR'S SIGNATURE  24d FUNDRAL DIRECTOR'S SIGNATURE  25d REGISTRAR'S SIGNATURE		220. SIGNATURE	/ CICNED			
NAME (Type)  PINE BLUFF ROLD SOLISHING M  23- BURIAL, CREMATION, 234, DATE THEREOF  PRIMOVAL (Specify)  DV 460  AME (Type)  PINE BLUFF ROLD SOLISHING M  23- BURIAL, CREMATION, 234, DATE THEREOF  PRIMOVAL (Specify)  DV 460  ADDRESS OF REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  24- FUNDERAL DIRECTOR'S SIGNATURE  DV 400 0 000 000000000000000000000000000		A >	M.D. PHYS. DIRECTOR PHYS. 1			
TREMOVAL (Specific Tov 460 Amighield Clemetry Small tree 256 REGISTRAR'S SIGNATURE 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			Dine Blull Road Salishus M.			
TREMOVAL (Specific Tov 460 Amighield Clemetry Small tree 256 REGISTRAR'S SIGNATURE 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	23	TEURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY C	OR CREMATORY A MANAGEATIONALIAN JOHN OF COUNTY) (Society)			
Money Daniel Land Land Core May 2 100	1	THEMOVAL (Species Tov 4160 Shan of 111)	Klemilie Strollities mil			
Clays Amms Snowfill my DATE NOV 3 '60 and 9 the	124/	FUNDRAL DIRECTOR'S SIGNATURE ' ADDRESS A	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
	14	Laus Smonthell T	ny DATE NOV 3 '60 Calling & H.			
		()	1			

Wilcom, College State Spart Land State of ALLESTER WITH BOTH THE STREET HILL Pennyshen Veneral Scale orange to the second Manuel to the land and the said the training the street are the second of the second the contract of the Design A STATE OF THE PARTY OF THE PAR 

s ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 &

TO HOSP

VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND () 4 CERTIFICATE OF DEATH

13185

13204

	COUNTY COUNTY	MARYLAND	2. USUAL RESIDENCE (WI		OLINTY	efore odmission)
3	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Snow	HiLL, Bo	write RURAL and give	
2	d. NAME OF HOSPITAL (IA)nat in hospital, give street of OR INSTITUTION  N. N. S. L. Q. L. L. R.	al Hospital	d. STRÉET ADDRESS	2	3X-2	e, is residence on a farm? YES NO
- (	NAME OF DECEASED Type or print)  First	Middle Sh	Lehbard	4. DATE OF DEATH ODV	Month	Day Year 6-1960
5. 5	6. COLOR OR RACE 7. MARR		8. DATÉ OF BIRTH	9. AGE (In lost birth		AR IF UNDER 24 HRS. s Hours Min.
10a	USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (State	ar fareign country)		OF WHAT COUNTRY?
13.	FATHER'S NAME	non	14. MOTHER'S MAIDEN N	and l	11.0	134
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NEORMANT (	hal bou	Address	
	1B. CAUSE OF DEATH [Enter only one cause per line part   DEATH WAS CAUSED BY:	Prematuri	ty - 74	o groms	0	NTERVAL BETWEEN NSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(a	) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In Hour a. m. 19 While at worl	Not while fac	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc		(Coun	ty) (State)
	21. I certify that (I) (this haspital) attends aw the deceased alive an(1	oragen	M.D. ATTENDING MPHYS. DI	ED. STAFF RECTOR PHYS. [	ses and on the do	that (I) (we) last ate stated abave. 22b. DATE SIGNED
230	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) U- 9- 60	34 Jones	D.	23d. LOGATION (City,	of Kill ,	md
24.	FUNIERAL DIRECTOR'S SIGNATURE	ADDRES	DATE	D BY REGISTRAR 256	b. REGISTRAR'S SIGNA	TURE
	2082161XV0		NON	1 4 00	J	

HEARD SID STRUCKIES OF A DISTRICT ELLERA BASELLE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13186

executed within 24 hour after death. Page 4	and completely filled in the funeral director,	on papers. Pages 1 and 2 should be filed with	2 haurs after death.
TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 15 the funeral director,	the burial-transit permit. Then please remave carba	the State Board of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.
TO HOSPITA R ATTENDING PHYSIC	TO FUNERAL DIRECTOR: After this certificate has been signated.	page 3 shauld be detached far use as	the State Baard of Health priar to buri

		13205	CEKTIFICA	AIE OF DEATH					
1.	o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	PO THE CH	lived. If institution b. COUNTY	Somer		ision)
	b. CITY OR TOWN ( RURAL ond give no	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	A A STATE OF THE S	ote limits, write RL	JRAL and give	nearest tow	n)
		sbury	10 days		Island				
	OR INSTITUTION	TAL (If not in hospitot, give street Head State Hosp:		d. STREET ADDRESS			19X-0	ONA	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	John W.	Middle Smith	Somers	4. DATE OF DEATH	Nove		Day 24,	Year 19 60
S.	Male	6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	.869	9. AGE (In years last birthdoy) 97 yrs.	Months Do		_
10	during most of wor	ON (Give kind of wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR IND eal I. High So			/	12. CITIZEN	OF WHAT	COUNTRY
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				-
	John Si	mith Somers		Maggie L	awes				
		(If yes, give war or dates of service)		INFORMANT		Addr		harme	Ma
-	Tin CALIFE OF DE			Deer's Head Ho	spital	necoras			
		ATH [Enter only one cause per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A r	teriosclerot	re cardiovas	scular	r disea		NTERVAL BI	DEATH
	Conditions, if a		coronary	thrombo.	sis			94	25
	gave rise to i couse (o), stoting lying couse last.		interioscle	rosis ger	iera	l	Years		
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1		AUTOPSY ORMED?
		AS UNDERLYING TO 20b. DESC G CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Year 20d. It While at wart	Not while	PLACE OF INJURY (Hame, farr actory, street, office bldg., etc		or tawn)	(Cou	rty)	(State
	21. I certify the	at (1) (this haspital) attend sed alive an Nov 241	ed the deceased fram th_19_60, and that	11/11/60 19 death occurred a6 P	2 , to _•M, from t	11/24 the causes an		that (1) (ate states	
-	22a. SIGNATURE	1,000	cau	M.D. PHYS.	AED.	STAFF PHYS.		11/2	5/60E
	22c. PHYSICIAN'S NAME (Type)	V. Juerma	an, M. D.			ead State ury, Mary		tal	
23	REMOVAL (Specify)		23c. NAME OF CEMETERY St. Johns	Cemelery	23d. ŁOCATI	ION (City town, o	or county)	Kell	(te)
24	FUNERAL-DIRECTOR	'S SIGNATURE	ADDRÉSS 1	250. REC	OV 2 9 'E		TRAR'S SIGN		

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1	4		N.	1
	-	_	-	

Page 4

after death.

director, is by the funeral and 2 should be fi and campletely filled Pages 1 in any event within 72 bours after death TO HOSP: OR ATTENDING PHYSICIAN: The law requires that the death certificate b may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician permit. page 3 shauld be detached far use as the burial-transit the registrar prior to burial, cremation, ar remaval, and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 VS A1S (4) 1SM 9/S8

10200					Keg. Dist. 14	0.	
1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased l	b. COUNTY	on: Residence be	fore admis	ision)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write R	URAL and give n	earest tow	m)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	et address)	d. STREET ADDRESS				ON	SIDENCE A FARM?
700 Smith St.,		700 Sm	ith St.	,		112	] 110 (3
3. NAME OF First DECEASED (Type or print) HARRIETT	Middle ELLEN ST	Lost TEWART	4. DATE OF DEATH	Mon 1		6	Yeor 1960
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday) 79 yrs.	Months Doys		T
Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		9-27-1881 STRY 11. BIRTHPLACE (State	e or foreign cou		12. CITIZEN	OF WHAT	COUNTRY
House Wife	Own Home	Maryland			U.S.	A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Joseph Washburn		Sarah Pr	wor				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	NFORMANT	102	Add	ress		
(Yes, no. or unknown) (If yes, give war or dates of service)	114-32-6170 Mx	. Frank M. S	tewart,	Same			
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-	arterio	sclerois	mker Gene	nalys	d)	NSET ANI	DEATH
lying cause lost. (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE (	CONDITION GIV	'EN IN PART 1(a)	19. WAS	AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS				MA		YES [	ORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part I	l of item 18.)			
Hour a.m. Whil		ACE OF INJURY (Hame, for ctory, street, office bldg., et	m, 20f. (City o	r town)	(Count	у)	(State
21. I certify that I attended the decedative an 11-6, 19	1 ,	accurred at	// - 6 M. fram th		that I last so		
ACTUAL SIGNATURE Philip at	usley			et, city or town,		R	TE SIGNE -7-6(
PHYSICIAN'S NAME (Type) Dr. Philip A. II	nsley, 116 East	Main St., Sa	lisbury	, Maryl	and		
20. BURIAL, CREMATION, REMOYAL (Specify) 11-8-1960	22c. NAME OF CEMETERY OF Shad Point C			bury, M		(Sto	ate)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRA	AR 24b. REGI	STRAR'S SIGNAT	URE	
Hill & Johnson Co. Salis	sbury, MAryland	DATNO	V 9 '60	Civi	lus S. Kran	4	

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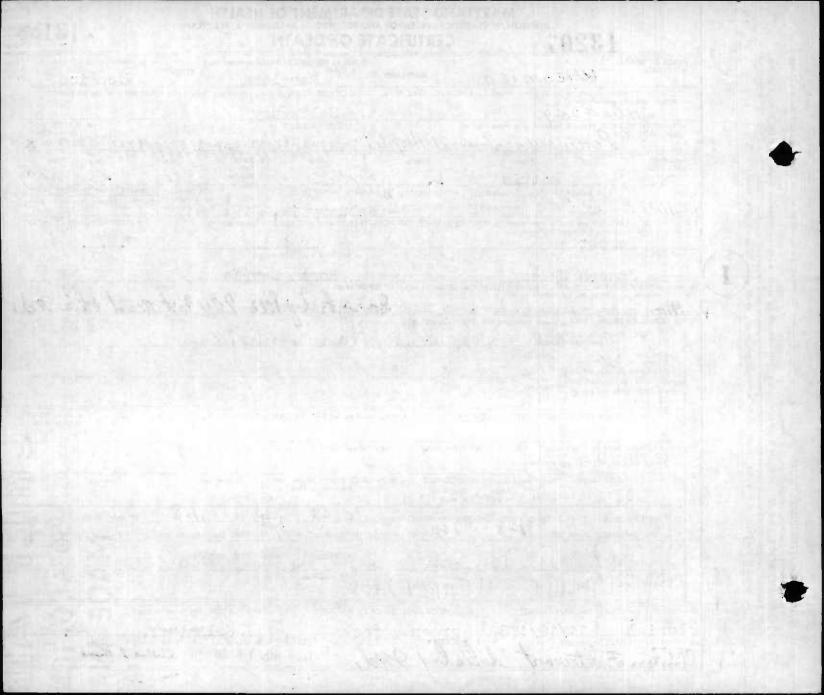
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TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 or as after death. Page 4 may be recoved by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled Noy the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

	13207 Thomas CERTIN	FICA	TE OF DEATH	1010
1.	PLACE OF DEATH  O. COUNTY  LUICOMICO MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	lence before admission)  Jicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL on Salisbury	d give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION PENINSULA JENERAL HO	ospita	Ad STREET ADDRESS 704 East Road  Address 704 East Road	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle CEASED (Type or print) Hattle L	e	4. DATE Month OF DEATH	Day Year 1960
S.	6. COLOR OR RACE 7. MARRIED NEVER MARR  MARRIED NEVER MARR  MIDOWED DIVORCE		B. VATE OF BIRTH  9. AGE (In years lost birthdoy)  Febuary 14, 1919  41 yrs.	ER 1 YEAR IF UNDER 24 HRS. s Doys Hours Min.
10	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS during most of working life, even if retired)  Domestic	OR INDUS		T.S.A.
) 13.	Joseph Sykes		Rosa Harris	
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. or unknown)   If yes, give war or dales of service)	0. 17. IN	WORMANT Intelled 704 East Rose	I belis m
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate  DUE TO		therewrhife	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	Iying couse last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m.  19 While Nat while at work at wark		ACE OF INJURY (Home, farm, 20f. (City or tawn) clary, street, office bldg., etc.)	(County) (State
	21. I certify that (I) (this haspital) attended the deceased	d that c	death accurred at Z.M., from the causes and an ATTENDING MED. MED. PHYS.	the date stated abave.  22b. DATE SIGNED
	22c. PHYSICIAN'S CHAY E I+EARN	1 M	22d. ADDRESS	
L	BURIAL CREMATION, REMOVAL (Specify) 11/12/1960 green		res Salisbury	Md
24	liston F. Stewart Salish	m	DATE NOV 1 8 '60 2Sb. REGISTRAR'S	S. Krans



IS RESIDENCE ON A FARM?

YES NO TY

Yeor

30th19 60

Days

(County)

S

INTERVAL BETWEEN ONSET AND/DEATH

PERFORMED?

YES NO Y

22b. DATE SIGNED

(State)

(Stote)

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTWICOMICO a. COUNTY o. STATE Wicomico MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest fown)
Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Pen Gen. Hospital Ocean City Blvd NAME OF Middle 4. DATE DECEASED JAMES WINFIELD TAYLOR NOVEMBER (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Male Jan 10,1886 74 yrs. White WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Owner & Ma Manager-Taylor Oil Quantico, Maryland Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley Taylor Georgia Hurley Mrs. Mary West Taylor(Wife)Ocean City Blv. Salisbury, Maryland IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DE CRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not while at work at work 50 to November 30, 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram TO, and that death accurred at And, from the causes and an the date stated above. saw the deceased alife an NA 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type r.Robert T.Adkins Fruitland, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) page the Sta Dec. 3.1960 Allen Cemetery Allen. Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE Circhay S. Krous HOLLOWAY & COMPANY SALISBURY MARYLAND

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	RURAL and give nee	autside carporate limi arest town)	ts, write c. L	ENGTH OF STAY	IN 16	c. CITY OR TOV	VN (If out	side carpoi	rate limits, write	RURAL and	give nearest	tawn)
-		3UR4		2 DAYS		Poc	omo	OKE	CITY		23	47
d.	OR INSTITUTION	L (If not in hospital, g	ive street addre	ess)		d. STREET ADD	RESS		,	40 NO	e. I	S RESIDENCE ON A FARM?
LE	NINSULA	GENERAL	L Ho:	SPITAL		602	. 411	NDEA	AVEN	UE		ES NO
3. N/	AME OF	Fir	'şt	Middle		Last	4	4. DATE	Mo	nth	Doy	Year
	ype ar print)	ELS	IE	G.	1)	tomas		DEATH	NOVEM	BER	4	1960
S. SEX	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8. E	ATE OF BIRTH			9. AGE (In years			UNDER 24 HRS.
F	FMALE	LISHITE	WIDOWED	DIVORCE	DOC	CT. 6	189	1	lost birthdoy)	Months	Doys H	aurs Min.
10a. l	USUAL OCCUPATIO	N (Give kind of work of	done 10b. KINE	OF BUSINESS O	R INDUSTRY		(State or	fareign co	ountry)	12. CIT	IZEN OF WI	HAT COUNTRY?
. 1		ng life, even if retired	)	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		mak:	HLAI	CIM		1	1.S.A.	
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5	2	1 . 1	110000									
	DEN JAIN	IN U. S. ARMED FOR	LIAMS	IAL SECURITY NO	. 17. INFO		NOR	Nou		drass		0.15
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11		TH [Enter only one ca	use per line for	r (0), (b), ond (c).	10	//		1				AND DEATH
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	381	DUE TO	A			~ 1		0				
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	lying cause lost.	le <u>under-</u>										
z F	PART II. OTH	ER SIGNIFICANT CON		RIBUTING TO DE	ATH BUT NO	T RELATED TO TH	IE TERMIN	AL DISEASE	CONDITION G	IVEN IN PA	RT 1(o) 19. \	WAS AUTOPSY
CATION			Thomas .									ERFORMED?
E 0	0a. ACCIDENT WA	S UNDERLYING [7]	20b. DESCRIBE	HOW INJURY O	CCURRED. (	nter nature of in	iury in Pa	rt I ar Part	II of item 18.)			
CERTI	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
		Manth, Day, Yes		Y OCCURRED		OF INJURY (Han		20f. (City	or town)		(County)	(State)
WEDI	Hour a.m. p.m.	19	While of work	Nat while at wark	100101	/	ug., e.c.,		/			
	1 Leastify that	(1) (this haspital	1 oftended	the deserved	Fram /	10/23	12.0	ou ta	11/4	10/	2 () shad	/// /
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1	Xlan	-1 V. X	7./			ATTENDING	MED		STAFF			SIGNED
1	22c. PHYSICIAN'S	1	revor		M.D	. PHYS. [	DIRE	CTOR 🗌	PHYS.		11	-5-100
1	NAME (Type)		7 0 11			- 4			1			
		DAVID I	GIL.	MORE	JAD.	SAL	1515	URY	, mas	イバカ	ND.	
	BURIAL, CREMATION	A, 23b. DATE THEREC	OF 230	. NAME OF CEM	ETERY OR C	REMARKEY	2	3d. LOCAT	ION (City, tawn,	ar county)		(State)
K	SURIAL	111-6-6	00 1	FIRST	BAP.	TIST		Poco	moke 1	CITY.	MAR	YLAND
	JNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25	a. REC'D	8Y REGIST	RAR 2Sb. REG	ISTRAR'S S	IGNATURE	1
32	her 4-H	Walson	Doc	OMOKE	CITY	mi) a	ATEL O	100				
40	1-11/1	0.0.007	100	VIII III	1,	1.01	AN A	.00	Clatha	1 2. 16	Laura	

ofter death. Page 4 the funeral director, Then please remave carban papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be rehained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITA

VR A1S (4) 15M 9/59

Nerezassor - Availenet MANUEL NO. SANSY MERNINGS AND COMPANY OF THE SANSY OF THE THE RESIDENCE HAVE NOT RESULT OF THE STATE OF THE STAT THE PERSON OF TH When the property and an appropriate the contract of the contr

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY a. STATE Wicomico Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 DE CONTRACTOR DE write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) Por Boar d. STREET ADDRESS eral retained Kiowa Ave. Kiowa Ave. NAME OF First Middle 4. DATE Month DECEASED OF the (Typa or print) Edward Twilley DEATH pes 1, 2, and 3 to Page 5 may be ss 1 and 2 with t 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if ratired) Pages 1, PM3. Pa pages 1 labor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give George il I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT perpel. (Yes, no, or unkown) | (Ifyasgivewar or datas of service) with 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c), transit p PART I. DEATH WAS CAUSED BY: Broncho-pneumonia. IMMEDIATE CAUSE (a) Office burial-t DUE TO Conditions, if any, "pending" i gava rise to immediata causa (5) DUE TO execute the certificate, writing the word "pending Id be forwarded to the Chief Medical Examiner' NERAL DIRECTOR: Page 3 should be used as designated agent, prior to burial, cremation, or re (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ' 20f, (City or town) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy IX. Inspection X Inquiry X Natural causes Sufcide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Royer. Earl DEPUTY MEDICAL EXAMINER should PUNE Camden Ave. Salisbury, NAME (Typa) Modern (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p OH 24a. REC'D BY REGISTRAR HEAD REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATENOV 2 3 '60 O. Thur & Knows

Wicomico

Months

e. IS RESIDENCE

YES NO

Year

19

Hours

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

(Stata)

HOURS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

IF UNDER 24 HRS.

Min.

ON A FARM?

5M 7/59

on thearts .5VA BKO CO The state of the s 性 海内主义统治 图 电电子电子 me. Come a Breeze Kingson and hills you .almompeng-phonoids was a substitute of Section Toyon, 1.5. e management to the comment of the c

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MAKTLAND	SIMIE DEL	AKIMENI	OF REALIN
IVISION OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE 1, MARYLAND

13211 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH O. COUNTY WILLOW MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o.,STATE b. COUNTY Worcester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
or INSTITUTION  Penins INSTITUTION  Penins & La DeneraL	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES  NO
3. NAME OF DECEASED (Type or print) First Amiddle	tynoal DEATH Nagember 9 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years last birthdoy)  Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country)  GEORGETO WENC DEL 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dotes of service) (If yes, give war or dotes of service)	R. CHARLES COBTES BERLIN MD
18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c)-]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.  (b)  DUE TO  (c)	is Pyelitis Wik
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO (4)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II af item 1B.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
21. I certify that (1) (this hospital) attended the deceased fram	death accurred of 1 M, from the causes and an the date stated above.
22a. SIGNATURE	M.D. PHYS. ATTENDING MED. STAFF PHYS.   22b. DATE PHYS.   1   1   1   1   1   1   1   1   1
NAME Green Herbert Demoly, M	D 22d. ADDRESS CO & Church &
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CO	LS BERLIN MD
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY, REGISTRAR 25b. REGISTRAR'S SIGNATURE

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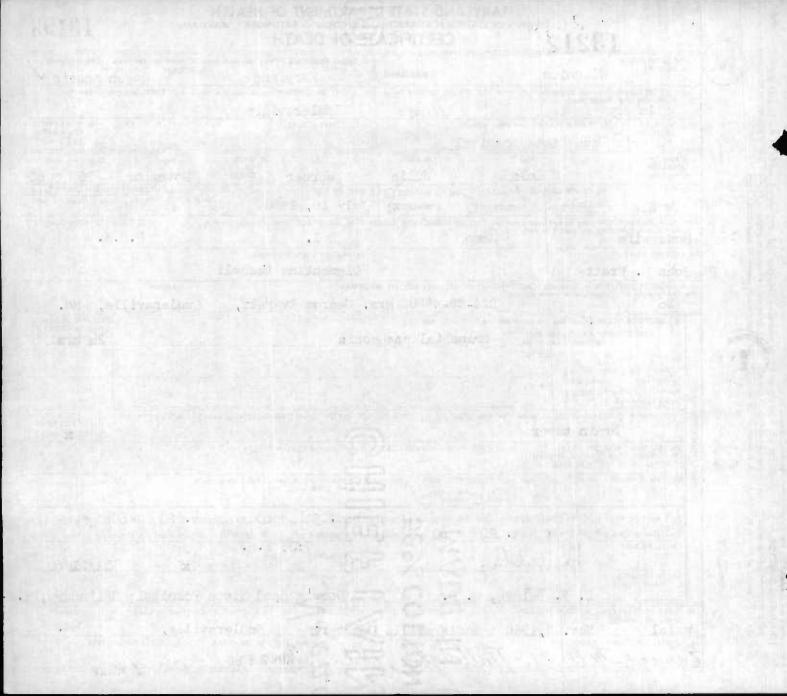
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	MARYL		o. STATE Maryla		b. COUNTY	0	en Anne	/		
b. CITY OR TOWN RURAL and give Salisbur		ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF		orate limits, write R	URAL and g	give nearest f	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g		t address)		d. STREET ADDRESS			リフィ	01	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE	Mon	oth	Day	Year
(Type or print)			Juli	a	Warner	DEATH	Nove	ember	20	19 60
s. sex Female	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIES	_	uly 10, 190	00	9. AGE (In years last birthdoy) 60 yrs.	_	Days Ho	NDER 24 HRS. urs Min.
10a. USUAL OCCUPAT		)	. KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12.CITI		AT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
John H. P.	ratt				Clementine	Voshe	11			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR	ervice)	3. SOCIAL SECURITY NO. 221-20-4680	17. INFO			Add		1 - 1	r_3
No				MIS.	George Eve	erett,	Suale	rsvil		ld.
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Bronchial p	neumo	nia					L BETWEEN IND DEATH
S I	g the under-	)	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THETERN	MINAL DISEAS	SE CONDITION GIV	VEN IN PART	PE	AS AUTOPSY REORMED?
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING  AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU Hour o. m. p. m.	10	Whil		20e. PLACE foctory	OF INJURY (Home, fare t, street, office bldg., et	m, 20f. (Cit	y ar tawn)	(0	County)	(Stote)
21. I certify th	21. I certify that (I) (this haspital) attended the deceased fram. Nov. 3 19.60 . to Nov. 20 19.60, that (I) (we) last									
saw the dece	ased alive an A_N	OV.	20_19_60, and	that dea	th accurred at	_M, fram	the causes ar	nd an the	date sta	ted above.
22a. SIGNATURE	saw the deceased alive and Nov. 20. 19.60, and that death accurred atM, from the causes and an the date st 220. SIGNATURE								77/27	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)			1		22d. ADDRESS				11/6	V 00
	L. V. Ma	ldve	M. D.		Deer's He	ead_St	ate Hospi	tal;	Salish	oury, Mo
23a. BURIAL, CREMATI REMOVAL (Specif		)F	23c. NAME OF CEME	TERY OR C	REMATORY	23d. LOCA	TION (City, town,	ar county)	(	Stote)
Burial	Nov. 23.1	960	Sudlersvil	le Ce	metery	Sudl	ersville,		1	Md.
24 FUNERAL DIRECTO		7	Millington	-, m	. //	'D BY REGIS		STRAR'S SIC		

please remave carbon papers. Pages 1 and 2 should be filed with ofter death. Page 4 the funeral director, attending physician and completely filled in by TO HOSPITA. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit perpati. The please remare carbon papers. Pages 1 at the State Board of Health prior to burial, crematian, or removal, and Many event, within 72 haurs after death.

VR A15 (4) 15M 9/59



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARME YES NOT Manth Year Day November 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Hours Days Min. YES 12. CITIZEN OF WHAT COUNTRY? US. Address nhodesdale. INTERVAL BETWEEN ONSET AND DEATH 21 hrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) Nov. 15 19.60, that (1) (we) last M, from the causes and an the date stoted above. SIGNED Head State Hospital; Salisbury, Md. page 3 sh the State 23d. LOCATION (City, tawn, ar caunty) (Stote) REMOYAL (Specify) -19-60 Cokesbury Church Keliance, Delaware 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR NOV 1 8 '60 24. FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus Sharptown

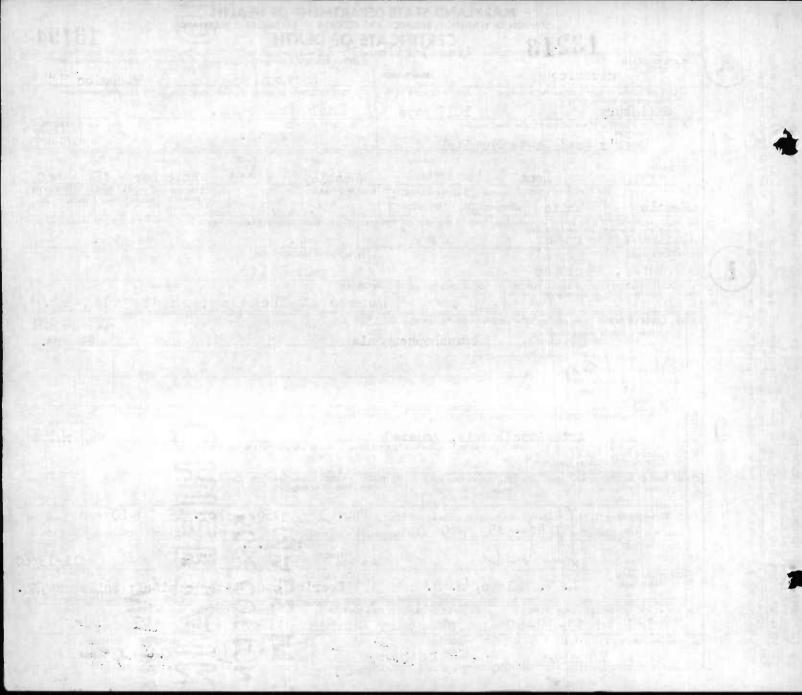
DATE

that the death certificate be executed

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Smith Eunera



DATE NOT 9

Whicher 3

10 VR A15 (4) 1SM 9/59

certificate

death

ATTENDING PHYSICIAN: The

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13196

(State)

1. PLACE OF DEAT a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	ere deceased lived. If institution:  b. COUNTY	Residence befare admission) VICOMICO
	(N (If autside carporate limits, write ve nearest tawn) Parsonsburg	c. LENGTH OF STAY IN 16		ensburg (Rura)	
d. NAME OF HO	SPITAL (If nat in haspital, give street		d. STREET ADDRESS R.D.#		e. IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print)	First EDGAR	Middle ALLEN	WIMBROW	4. DATE Manth OF DEATH NOVEM	Day Year BER 6 19 60
S. SEX	6. COLOR OR RACE 7. MAR WIDOW	3 110	8. DATE OF BIRTH Dec. 4, 1887		UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours Min.
10a. USUAL OCCUP during most of Farmer	ATION (Give kind af work dane 10b warking life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of	or foreign country) Wango) Maryla	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Ebury, Wimbrow PEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	Lida Elli   INFORMANT   ISS Irma E.W   Parsons		r)R.D.# 1(Wan
	DEATH [Enter only one cause per I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	1 1	16-1	INTERVAL BETWEEN ONSET AND DEATH 3 days,
gave rise cause (a), sta	if any, which a immediate ting the underast.	rtenselen	eis- Hyperte	inin.	
CATIC	OTHER SIGNIFICANT CONDITIONS				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NO	T WAS UNDERLYING 20b. DET TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR $\mathbb{N}/\mathbb{A}$	ED. (Enter nature af injury in P	art I ar Part II af item 18.)	
20c. TIME OF II	m. NT /A NO While	9	PLACE OF INJURY (Hame, farm, actary, street, office bldg., etc.	20f. (City ar tawn) N/A	(County) (State
21. I certify saw the de	that (1) (this hospital) attended			A BA	. 19 <u>60</u> , that (I) (we) las an the date stated obave
22a. SIGNATU	ent Leves			D. STAFF NECTOR PHYS.   No	22b. DATE /1960
22c. PHYSICIAI NAME (Ty		Lewis	Willards,	Maryland	
230. BURIAL, CREM REMOVAL (Sp. BUT)	al Nov.9,1960	23c. NAME OF CEMETERY Wango Ceme ADDRESS	tery - R.D.#	23d. LOCATION (City, town, or care Parsonsburg DBY REGISTRAR 25b. REGISTR	
	TOK S SIGNATURE	CAT TODIIDV M			AR S SIGNATURE

, death. Page 4

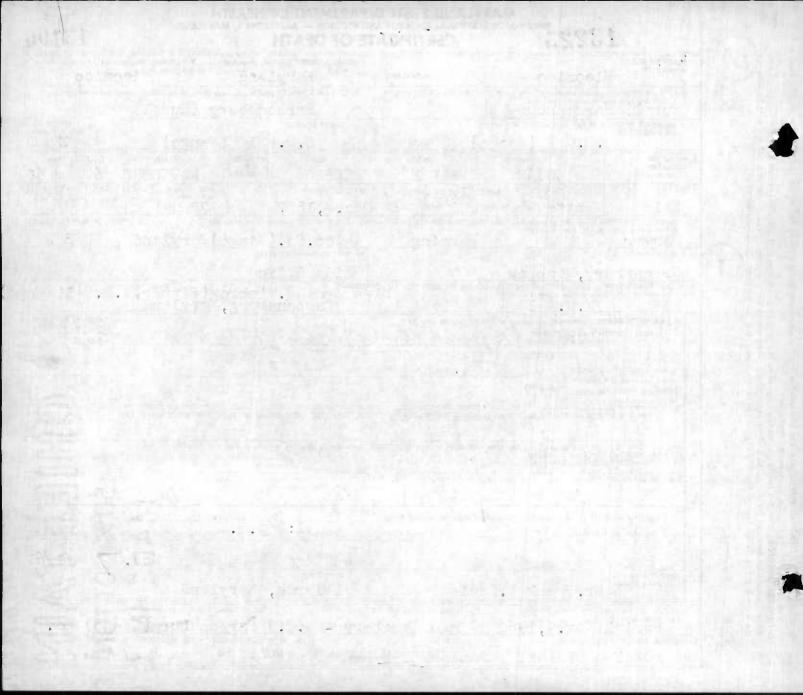
TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be rescuted by the haspital as attending physician.

VR A15 (4) 15M 9/59

HULLUWAY & COMPANY

SALISBURY MARYLAND DATE MUY

arihun S. Kraus



13215

Reg. Dist. No.

Page 4	director,	ed with	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	may be religited by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	1
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24 hoy	ed i	1 and	U
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NDING	may be related by the haspital at attending physician.  O FUNERAL DIRECTOR: After this certificate has been significate.	ched f	urial, a
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M	1. Prace of Death a. County Wicomico Maryland					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Naryland Wicomico									
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sallsbury  7 days				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						)			
	d	OR INSTITUTION	AL (If not in hospital, g ant Nursi				1	d. STREET ADDR							IDENCE FARM? NO
0.10		NAME OF DECEASED Type or print)	Fin	st		Middle Parks	W	lost		4. DATE OF DEATH		Nonth	Do	,	rear 1960
ה ס	5. SI		6. COLOR OR RACE	7. MARRI	IED NEV		_	TE OF BIRTH			9. AGE (In year	IF UNDER	Doys	IF UNDE	
i		emale	white	WIDOWE	D	DIVORCED [	Au	g. 5	188	31	79	rs.	007.	110015	741111.
death.	10a.	USUAL OCCUPATION during most of work	ON (Give kind of work of ing life, even if retired)	lone 10b. I	non		USTRY	11. BIRTHPLACE			ountry)		S.A		COUNTRY
3 5	13. F	FATHER'S NAME					14.	MOTHER'S MAI			7.1			- 9	
	1	Robert	Parks					Mary	มะ	vis					
72 hou		no. or unknown)	R IN U. S. ARMED FORE		SOCIAL SEC		INFOR		Tar 2			ddress	Md.		
within 7			TH [Enter only one con TH WAS CAUSED BY:	A .	e for (a), (l		.ss	Rosa	WII	nd <b>n</b> or	? All	Len ,	INT	ERVAL BE	
any event		Conditions, if or	DUE TO	9	ener	raterial	a	Alu	pel	uns	0			20	m.
out puo		gove rise to in cause (o), stating t lying couse last.		0										/	
removal, o	CATION	PART II. OTH	IER SIGNIFICANT CONI	DITIONS C	ONTRIBUTI	NG TO DEATH BE	-	RELATED TO THE	TERMIN	IAL DISEAS	E CONDITION	GIVEN IN PAI	RT 1(0) 1	PERFO	
D D	CER	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW	INJURY OCCURR	ED. (En	ter nature of inju	ury in Po	art I or Par	t II of item 18.}				
crematian,	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	20d, IN While of work	Not wo	hile f	LACE Coctory,	OF INJURY (Homestreet, office bld	e, farm, g., etc.)	20f. (City	or town)	(	County)		(State)
ta burial,		alive an N D	at I attended the	decease _, 19_		fund 7	h acc		0/4	M, fran	n the cause: treet, city or tow	and an t		te state	
strar priar		PHYSICIAN'S NAME (Type)	V				_ M.D.						7.1.0	-V/-	ــــــــــــــــــــــــــــــــــــــ
the registrar	22a.	BURIAL, CREMATIO REMOVAL (Specify)		F 1960	Or	iole Co		MATORY			TION (City, town	n, or county)		(Stote	}
4)	23. F	Levine	S SIGNATURE R. Wiles	ne	Pri	ESS	nne	240		BY REGIST		GISTRAR'S SI			

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of TO DEPUT MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If an

	MAKY	LAND STATE D	EPAKIMENI OF	HEALIN	
Division of STAT	ISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	OF DEATH	MARYLAND OC
13216	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	10138
PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased livad, If institution	Residanca befora admission

tri.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions Re	esidanca befora admission
_		a. COUNTY MARYLAND	a. STATE b. COUNTY	mico
4 1	-	MICOMICO  B. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naerast town)
VI:		write RURAL and give nearest town)		
1		Salisbury ID Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	Allen	ic protection
-)Q	1		. STREET ADDRESS	IS RESIDENC     ON A FARM
0	0	Peninsula General Hospital	Perry Smiths Farm	YES NO
	3.	NAME OF First Middla DECEASED	Last 4. DATE Month OF	Day Year
		(Type or print) Tohn	nston DEATH 11-11-6	0 19
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	EAR   IF UNDER 24 HRS.
	100	WIDOWED TO DIVORCED	last birthday) Months Do	ays Hours Min.
	10a	M C		EN OF WHAT COUNTRY
_	do	ne during most of working life, even If retired)	Coords	7 ^
	1	Labor Farming	Georgia U.2	5.A.
	7	TATTIEN & TANKE	13. MOTHER 3 MAIDER RAME	
	_	<u> </u>	?	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. s, no, or unknown)   (Ifyasgive war or datas of service)		
		J.	ackson Wallace, Allen, Md	
		1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OCC	lusion	hours
			Luston	
		TAO DUE TO		THE WARREST
		Conditions, if any, which gave rise to immediate cause (b)		
		(a), stating the underlying DUETO		
		cause last. (c)	TOT BELLATED TO THE TERMINAL DESCRIPTION OF THE BOARD OF	1 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OF N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
-	3			YES NO
0	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)	
		CAUSE OF DEATH.		
	CAL	and the state of t	ACE OF INJURY (Homa, farm, 20f. (City or town) (Count ctory, streat, office bldg., etc.)	(Steta)
	WEDI	Hour a.m. Whila Not Whila to mork the st work to the state of the state o	Elory, sireal, Office Brogs, etc./	
	~	21. I certify that I took charge of the remains described above, t	neld an Autopsy , Inspection X, Inquiry X,	and in my opinion
			icide , Homicide , Undetermined manner	
No.	-	death resulted from: Natural causes X, Accident , Sui		
al		60, 1/	CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER	
		NAME (Type) 1,07 Camden Ave. Salisbut	Madrass (Streat, city, town, or county)	
	22a	REMOVAL (Specify)		(Stete)
	Bi	urial II/I5/60 Freind Ship		
0	23	FUNERAL DIRECTOR ADDRESS		
15	W	illiam H. James Jr. Frincess Anne,	nd DATE NOV 2 1 '60 Caritur & T	trans
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